

WEIGHT STIGMA, BODY-INCLUSIVE YOGA, AND A MODEL OF PHYSICAL
ACTIVITY FOR ALL

A Dissertation

by

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ABSTRACT

Individuals in larger bodies face high levels of stigma in modern society, based largely on societal assumption about the relationships between body size and personal health choices and behaviors. Given the cultural stigma of fatness and perceptions that fat individuals can and should lose weight through exercise, physical activity (PA) spaces are particularly hostile towards fat bodies. This hostility creates a strong barrier to participation in PA for those in larger bodies, despite the fact that all individuals can benefit from engaging in regular activity. Therefore, this dissertation research is designed to develop a new, more inclusive model of PA for those in larger bodies.

In Study 1, I develop a framework of inclusive organizational behaviors for PA spaces, arguing that individuals engaged in activity in these spaces are more likely to experience increased identification and improved physical and psychological health through adherence. The resulting model, drawn from various literature, provided six factors of inclusion for PA organizations. In the second study, I examined the practices of body-inclusive yoga spaces, through a series of qualitative interviews with their leaders. These leaders supported many of the previously outlined factors of body-inclusive PA and added two new factors. In Study 3, I developed a measure of body inclusivity, based on the six resulting factor model developed in the previous study. Each of the six factors tested (i.e., authentic leadership, cultural commitment to inclusion, health focus, inclusive language, social justice activism, and sense of community) were positively related to overall body inclusivity. Further analysis, using structural equation modeling, indicated that body-inclusivity of PA spaces was positively related to overall

physical and psychological health. Further, the relationship between inclusion and psychological health was partially mediated by identification with the activity, which was also positively related to inclusivity.

Taken together, these studies provide evidence to a simple notion: inclusion works. In developing a more inclusive PA environment, individuals experienced greater identification with activity and improved health, thereby demonstrating the tangible value of inclusive practices. Implications for sport and PA managers, as well as directions for further research, are discussed.

DEDICATION

To my grandmothers, Georgia Mae Pickett and Pauline Kline.

Granma Pickett, whom I wish could be here to see me graduate, taught me that joy and enthusiasm are contagious, and truly modeled a life well lived.

Grandma Kline, with her quiet strength, demonstrates every day the unending care, love for others, and self-sacrifice that only a mother of six can.

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CHAPTER I

INTRODUCTION

In modern Western culture, stigma and discrimination against those in larger bodies is rampant. Given the prized status of thinness and muscularity, the multi-billion dollar weight loss industry continues to thrive, encouraging fat¹ individuals to shed body weight through any number of extreme, and sometimes dangerous, methods (Bacon, 2010; Boero, 2007; Gard & Wright, 2005). These methods may include, but are not limited to, extreme or constant dieting, exercise plans, various machines and contraptions, and even bariatric surgery, each of which carries a number of potential side effects and risks. Conventional beliefs about body fat dictate that these risks should be taken as they are outweighed by the harm of fat to an individual's health and longevity. Another underlying assumption of the conventional thought on body weight is that it is mutable for all individuals and based almost exclusively on one's eating and exercise habits (Puhl & Brownell, 2006). Thus, fat individuals are seen as having chosen to be fat and, by proxy association, unhealthy.

However, the relationships between fat and health are more complicated than the simple, conventional model would suggest. First, fat serves as a poor proxy measure for overall health. For example, epidemiological research suggests that the negative health effects of adiposity are often overstated and that there may even be certain protective

¹ "Fat" is a neutral descriptive term that will be used throughout this dissertation work, following the recommendations and tradition of fat studies literature (for a full explanation, see Wann, 2009).

effects of fat in combatting certain conditions and diseases (for a review, see Gaesser, 2002). In fact, in a meta-analysis of 26 large studies surrounding body mass index (BMI) and mortality, McGee (2005) found that individuals that were “overweight,” according to the Center for Disease Control (CDC) standards, generally outlived their “normal” and “underweight” counterparts. Further, it should be noted that some “fat diseases,” in fact have stronger correlations to other conditions. Type II diabetes, which is generally associated with fatness, has a stronger statistical relationship with poverty and low socioeconomic status than body weight (Bacon & Aphramor, 2011). Second, body fat is, in large part, not wholly within the conscious control of individuals. Bacon (2010) provides an overview of the ways that the body actively fights weight loss. In particular, she notes that the hypothalamus, the portion of the brain that controls appetite, cravings, and urges, has developed evolutionarily through times of scarcity to better retain weight than lose it.

These traditional beliefs about body fat are pervasive and not without consequence. Fat individuals are often seen as incapable, undisciplined, lazy, and stupid (Boero, 2007; Davison & Birch, 2004; Hebl & Heatherton, 1998; Staffieri, 1967; Vartanian and Shaprow, 2008). Therefore, it is not surprising that fat individuals face discrimination for their size, as they report regularly receiving unsolicited advice, stares, and negative comments from others (Puhl and Brownell, 2006). In the workplace, fat individuals face difficulty in obtaining positions, lower wages once they get them, and barriers to health insurance (Roehling, 1999, Rudolph, Wells, Weller & Baltes, 2009). Further exacerbating this problem, those that enact these stigmatizing practices on fat

people are often trusted relations, such as friends, family, or doctors, who perceive their own actions as helping. Thus, fat stigma remains one of the few socially acceptable forms of discrimination.

In the realm of sport and physical activity (PA), body related stigma is particularly salient (Schmalz, 2010). Given that exercise is seen as one of the two solutions to being fat (the other being dieting), PA spaces are often unwelcoming or even openly hostile to fat bodies. As examples, fitness professionals and physical education teachers display anti-fat biases and the marketing efforts of gyms and sport leagues often promote thinness rather than health (Dimmock, Hallett, & Grove, 2009; Greenleaf & Weiller, 2005). Thus, many individuals actively avoid PA in public spaces, as a means of also avoiding the stigma and shame attached to being fat in a fitness space (Vartanian & Shaprow, 2008). However, the benefits of PA participation exist for everyone, regardless of body type. Those that engage in regular PA face reduced risk of certain conditions, such as cancer, diabetes, osteoporosis, and others, while also experiencing improved overall physical and psychological health (Bacon, 2010, Blair et al., 2003; Penedo & Dahn, 2005). A new, more inclusive model, of PA is needed, in which individuals of all body sizes are encouraged to participate as much as is possible.

Therefore, in this dissertation I seek to expand the conversation surrounding body diversity and inclusion, particularly as it relates to sport and PA participation. I do so through three studies that develop, refine, and test a measure of body inclusivity in PA. In the first study, I develop a six-factor theoretical model for body inclusive spaces. Drawing from various fields, including sport management, fat studies, health education,

disability studies, and social psychology, this study examines the ways that body stigma is manifested in sport and PA and offers strategies to create more inclusive spaces for participation. Specifically, I argue that body inclusive PA would be characterized by the following six dimensions: a leadership commitment to diversity, participant autonomy, a cultural commitment to inclusion, adapted physical spaces, inclusive language, and a sense of community. Developing these spaces, I argue, is crucial in (re)engaging a large number of individuals to participate in PA who are traditionally marginalized in modern western exercise culture. Further, this model outlines hypothesized relationships by which inclusive spaces increase individuals' identification with PA participation, and through resulting increases in participation experience incremental increases in physical and psychological health.

In the second study, I draw from the theoretical underpinnings of the preceding chapter, exploring the best practices in developing body diverse and inclusive spaces from the perspective of instructors and owners of body inclusive yoga studios. Using a qualitative research design, this study allowed individuals that create and maintain body inclusive yoga spaces to share their perceptions of the needs, struggles, and triumphs of their clients, and the set of best-practices for engaging individuals of all body types. Given that mainstream yoga publications and facilities largely cater to slender, flexible body types, the alternative model presented by the individuals in this study offers the opportunity for those that are stigmatized, or even forgotten, in other outlets to participate. Interestingly, each of the individuals interviewed in the study had experienced some form of body stigma that led them to develop more inclusive spaces

and curricula. Participants in this study, who themselves led body inclusive spaces, supported many of the practices presented in the earlier work, while also adding two new dimensions to the model of body inclusivity in PA. Following this study, the six factor model was revised to include the following dimensions: authentic leadership, cultural commitment to inclusion, a health focus, inclusive language, leaders' advocacy, and sense of community. The first and second studies developed and refined a model for inclusive spaces in PA, and hypothesized relationships such that inclusivity would positively influence individuals' activity identification and overall health.

Therefore, study three develops a measure of body inclusivity in PA and empirically tests these relationships. First, drawing from the preceding literature, a series of items measuring inclusive practices in PA was developed and refined through feedback provided by a panel of content experts. The instrument was then tested empirically, suggesting that each of the six proposed dimensions was positively related to overall inclusivity. After validating the measure, I then tested the relationships between inclusivity and health outcomes. Body inclusion was positively related to participants' identification with their chosen activity, physical and psychological health. Further, the relationship between inclusivity and psychological health was partially moderated by identification. Together, these findings suggest the importance of body inclusive spaces in engaging individuals to participate in PA and experience the benefits thereof.

This dissertation research, therefore, serves to develop and empirically test a model for body inclusivity in PA. This project has three main components: (a) I discuss

the prevalence of weight stigma in PA and propose six factors as important in developing such spaces, (b) use a qualitative design to refine the model of inclusion in PA, and (c) to design and empirically test a measure of body inclusivity and its outcomes. Therefore, the remainder of this dissertation is organized as follows: Chapter II provides the theoretical model for inclusion in PA developed in the first study; Chapter III presents the findings of the second study, examining the organizational behaviors and practices of body inclusive yoga spaces; and, in Chapter IV, I present the findings of the empirical test of the model of inclusivity in PA from the third study. Finally, Chapter V provides a combined discussion of the findings of each of the preceding studies, explores and limitations of the current research, and suggests areas of need for further research.

CHAPTER II

PHYSICAL ACTIVITY FOR EVERY BODY: A MODEL FOR MANAGING WEIGHT STIGMA AND CREATING BODY-INCLUSIVE SPACES²

Modern Western culture is obsessed with body weight; more specifically, obsessed with weight loss. From an early age, individuals are bombarded with messages equating thinness with health and body fat with any number of negative traits (Gard & Wright, 2005). As such, the weight loss industry remains a multi-billion dollar enterprise (Bacon & Aphramor, 2011) that endorses a thinness-at-all-costs model that often sacrifices an individual's general health and well-being in pursuit of the perfect body. Those in larger bodies continue to report bias in the workplace (Roehling, 1999, Rudolph, Wells, Weller & Baltes, 2009), stigmatization while in public (Puhl & Latner, 2007), and unfair (and dangerous) judgments surrounding their weight from their healthcare providers (Foster et al., 2003). Individuals with higher levels of body fat are also more likely to experience a number of social psychological troubles, including increased risk of depression and anxiety (Friedman et al., 2005; Myers & Rosen, 1999).

Perhaps the most disturbing element of the cultural obsession with body weight is the fallacious nature of assumptions that thinness is an appropriate proxy for health and that fat is necessarily unhealthy (Gard & Wright, 2005; Gibbs, 2005). There is a growing body of epidemiological research suggesting that body weight is not an accurate

² Reprinted with permission from "Physical Activity for Every Body: A Model for Managing Weight Stigma and Creating Body-Inclusive Spaces" by Pickett, A.C. & Cunningham, G.B. (2016). *Quest*, 1-18, Copyright 2016 by Taylor & Francis.

or adequate measure of overall health or mortality risk (Arndt, Rothenbacher, Zschenderlein, Schuberth, & Brenner, 2007, Gu et al., 2006; Waaler, 1984). While each of these studies indicates increased mortality associated with extreme levels of adiposity, many found that those that fall in general overweight and lower level obese categories often outlive their underweight or normal weight counterparts. In fact, a meta-analysis of 26 body fat studies found that there is a small protective effect in being overweight; that is, overweight individuals (across all studies) lived slightly longer than normal weight individuals (McGee, 2005). This research suggests that body weight is far more complex than the oversimplified model of “calories in vs. calories out” implies and that using body fat as a primary health diagnostic mechanism only obscures other larger health concerns.

This obsession with weight, *per se*, has developed societal norms and values that continue to prize thinness and allow (and even encourage) fat shaming, where fat³ individuals are scrutinized constantly and judged for their health-related choices, face discrimination from both strangers and loved-ones, and are made to feel guilty for their bodies (Puhl & Brownell, 2006). Understandably, fat individuals therefore report high levels of self-regulatory behaviors, engage in various coping mechanisms, and experience a number of negative psychological effects of this stigma (Puhl & Brownell, 2003).

³ Use of the term “fat” in this manuscript is designed to emphasize its inherent descriptive neutrality. This term is not meant to be (nor is it) offensive. Earlier literature suggests a return to the neutral use of the term, similar to dichotomous descriptors such as “tall” and “short” are used to describe relative height. Positive euphemisms (“hefty,” “plump,” etc.) imply a forced positivity on an individual’s body type and are, therefore, not suggested. For a more complete explanation of fat terminology, see Wann (2009, p. xii).

Perhaps unsurprisingly, weight stigma leads many individuals to avoid physical activity (PA) altogether (Ball, Crawford, & Owen, 2000; Storch et al., 2007; Vartanian & Shaprow, 2008). PA spaces are often seen as places designed for, and accepting of, only thin or muscular bodies, which serves as a psychological barrier to participation for those with (or perceiving themselves to have) larger bodies (Schmalz, 2010). Those who do not fit these cultural body idealizations often face even greater stigma in PA spaces than elsewhere, which largely stems from assumptions that fat individuals are not physically capable in activity settings. When these assumptions are adopted both internally and externally, individuals may subsequently avoid PA and exercise spaces (Schmalz, 2010). This disengagement of fat individuals, coupled with the increased incidence of overweight and obesity, I argue, necessitates a new paradigm in PA that seeks to include and extend the benefits of movement to all.

In response to this cultural obsession with weight loss, a movement called Health At Every Size (HAES) has developed, encouraging healthy behaviors while remaining explicitly neutral with regards to body fat. That is, the HAES model acknowledges the multi-faceted nature of body weight, with its many cultural and physiological intersections, and therefore encourages practitioners to focus on different measures of life quality and maintain a healthful lifestyle, letting body weight fall where it may (Bacon, 2010). Parts of this plan include acceptance and appreciation for one's body, however it looks, and engaging in healthy practices to maintain that relationship (Burgard, 2009; Robison, 2005). HAES practitioners are encouraged to engage in PA that is enjoyable, healthy, and, most importantly, sustainable. Often referred to as active

embodiment (e.g., Bacon & Aphramor, 2011), this type of activity is central to the holistic and healthful set of practices encouraged by the HAES paradigm and explicitly does not focus on achieving a particular body type or reducing body fat for its own sake.

Thus, the current paper serves to first explain the problematic, and complex, relationships between fat and PA. I argue that explicitly body-inclusive environments reduce feelings of stigma and shame that often pervade PA outlets. Further, the inclusive and non-weight-loss/ pro-health focus of these spaces can be instrumental in developing a sense of community and attachment to the activity for participants. Together, the absence of many of the traditional barriers to activity combined with a positive social and physical experience, are likely to encourage new membership, continued PA adherence, and better overall physical and psychological health for participants. Therefore, I present a model, outlining several key components of body-inclusive spaces, designed to connect those currently marginalized in the PA context with the long-term, health-related outcomes of participation. Finally, I discuss the managerial and research implications of our model.

The Problem: Weight Stigma and Physical Activity

Stigma, which is generally defined by the negative affective associations felt and acted upon an individual based on one or more of their personal characteristic(s), is prevalent against fat individuals (Brewis, Wutich, Falletta-Cowden, & Rodriguez-Soto, 2011). This is problematic, as stigma separates individuals into distinct categories, each receiving differing levels of socio-political and cultural power based on group affiliation (Link & Phelan, 2001). Thus, fat individuals are relegated to a lower social status by

virtue of their body size alone. Further, body weight stigma is enacted at both societal and individual levels. That is, prejudice and discrimination against fat people remains socially acceptable, largely due to perceptions that body weight is entirely controllable and that fatness is self-inflicted and inherently negative (Friedman et al., 2005). At the societal level, fat persons face a constant barrage of messages telling them that their bodies are unacceptable, unattractive, and unhealthy (Boero, 2007). Those in larger bodies often report having experienced staring, negative comments from both adults and children, being excluded or avoided, and physical barriers to their participation in common activities (Puhl and Brownell, 2006). At an individual level, Puhl and Brownell (2006) found that weight stigma often begins with trusted individuals or close relations, such as doctors, family, and friends. In many ways, the perception that fatness is optional often allows prejudicial ideas and discriminatory actions to be couched as helping, encouraging, or tough love.

Body weight stigma is particularly prevalent in the PA context, given the current body idealization climate. Unfortunately, gyms, physical activity classes, and fitness centers are spaces where fat people can experience the highest levels of judgment, shaming, and avoidance (Cardinal et al., 2014; Curtis, 2008). As examples, personal trainers exhibit an unconscious preference for working with thin clients rather than overweight clients (Dimmock, Hallett, & Grove, 2009) and physical education teachers often exhibit anti-fat attitudes (Greenleaf & Weiller, 2005). Real or perceived, such judgments can lead to negative self-evaluation for fatter people in a fitness context, which have a number of negative behavioral and affective outcomes.

This tenuous relationship between fat and PA has led many individuals to avoid physical activity altogether. Vartanian and Shaprow (2008) found that participants in their study that had experienced weight stigma were more likely to avoid exercise, regardless of actual Body Mass Index (BMI). This suggests that the stigma of fatness actually has a stronger effect on activity participation than weight itself. Further, Vartanian and Novak (2011) argued that internalization of societal messages about weight was strongly related to exercise avoidance. That is, individuals who personally endorsed anti-fat sentiments reflected in society were more likely to avoid exercise. Similarly, Crawford and Ecklund (1994) found those with concerns related to physical presentation of body weight, are less likely to exercise in public spaces, which was not surprising, given the levels of stigma often found in public exercise facilities.

Given the stigma surrounding body weight in PA, many individuals seek to begin exercise regimens at home, in private, before engaging a more public exercise space (Spink, 1992; Lantz, Hardy, & Ainsworth 1997). This is important for two reasons. First, it demonstrates that those in larger bodies, despite experiencing stigma and its resultant anxiety, still do desire to engage in PA at some level, whether for health, weight loss, or the simple joy of moving. Secondly, it illustrates that many of these individuals choose to undertake life changing fitness regimens alone, in the privacy of their own homes. Unfortunately, those who engage in fitness programs at home are more likely to quit and expend less energy per training session than those that participate at a fitness center (Cox et al., 2003; Cyarto, Brown, Marshall, & Trost 2006). Essentially, the notion that one should be thin before going to the gym sets fat individuals up for failure. Therefore, I

argue that a new model of inclusive spaces is needed that celebrates body diversity and welcomes those in larger bodies openly, thus helping to (re)engage these individuals into PA.

The Need for Inclusive Spaces and Activity for All

Physical activity, regardless of body size, has a number of important health benefits, such as reduced risk of certain diseases and conditions and improvements in mood and psychological state (see, for example, Blair et al., 1993). These benefits occur for everyone and, therefore, medical and public health officials recommend that everyone engage in as much PA as is safely and logistically possible. It follows, then, that within the HAES paradigm, PA outlets should be welcoming and inclusive of everyone, rather than a select set of thinner clientele. Mansfield and Rich (2013) argue for what they term Physical Activity at Every Size (PAES), calling for:

an alternative to weight loss and anti-fat models that create inclusive movement environments, defined and enjoyed by participants and based on intuitive engagement with bodily activity irrespective of body size and shape (p. 366).

Unfortunately, many fat individuals remain hesitant to engage in traditional PA settings perhaps due to the experiences of stigma and discrimination they face.

Kasser and Lytle (2013) note that creating inclusive spaces in physical activity is not simply about access; rather, it is about developing a philosophy and culture of inclusion and respect. Ostensibly, the current PA landscape is already accessible to those in larger bodies. To simply place fat individuals in a gym or enroll them in an exercise program, however, would not guarantee their acceptance, adherence, performance, or

enjoyment. This is consistent with Ferdman's (2014) notion of inclusive organizations, as he argues that inclusive practices must be studied in terms of their felt value, rather than an objective measure of accessibility. That is, individuals must *feel* included for a program to be truly inclusive, not to simply have access to it.

It is also worth noting that body inclusivity also offers a unique organizational opportunity in the current fitness landscape. That is, organizations most willing to adopt more body diverse policies and messages are more likely to access a largely untapped market segment (Cunningham & Woods, 2011). This is an important consideration, given that organizations are unlikely to change based solely on pro-social values, especially those that oppose a pervasive cultural ideal, such as thinness. Fink and Pastore (1999) noted:

While it would be wonderful for all those in positions of power to recognize the moral and social advantages of diversity, it may not be a realistic goal. Thus, for diversity initiatives to be truly embedded within the organization, those in power must be convinced of diversity's relationship to organizational effectiveness (p. 315).

Thus, it is important to highlight more positive traditional management outcomes to the creation of fat inclusive fitness spaces.

Fat individuals are not uncommon, or even a numerical minority, in many Western cultures. However, the miserably low adherence rates of PA interventions and diet programs indicate that the current fitness landscape is ineffective at reaching and maintaining service relationships with these individuals. Organizations that actively

pursue and encourage the participation of the majority of the population stand to gain a considerable advantage in the PA marketplace. Simply put, fitness facilities, as businesses, rely on continued membership of clients as their primary revenue stream. Thus, organizations that are able to engage this untapped market will benefit from the long-term competitive advantage associated with being first-movers (Kerin, Varadarajan, & Peterson, 1992). These organizations should also be interested in maintaining longer relationships with their clients than the traditional failure rates of less than two years. Facilities that are able to develop long-term adherence relationships (and resulting membership payments) from this large number of currently underserved individuals are also likely to benefit financially from body-inclusive policies (Shani & Chalasani, 1992).

Therefore, it is important to examine the hallmarks of truly body-inclusive spaces and encourage further testing and development of such outlets. While there are a number of calls for the creation of body weight and fat inclusive spaces in the PA literature, I am unaware of any articles that outline best practices specifically for creating these spaces. Therefore, I will draw from related literature in various disciplines (e.g., sport management, disability studies, social psychology, and education) about the development of inclusive sport and PA organizations across other diversity dimensions in developing a model of body weight and fat inclusive spaces.

Model for Confronting Weight Stigma through Body-Inclusive Communities

The current paper will outline a number of strategies to enhance inclusion for those in larger bodies in the PA context. It is instructive to present a unified model

connecting constructive elements specifically for combatting body weight stigma in PA prior to the discussion of each element. Thus, I present a model for creating inclusive in Figure 1.

The model presented includes six elements that will be outlined later as important in creating truly inclusive spaces for those in larger bodies. Then, it shows that the extent to which a space is inclusive will affect participants' level of engagement within the Psychological Continuum Model (Funk & James, 2001), and therefore, the amount of physical and psychological benefit achieved through participation. While this model outlines a general relationship between each individual's experiences with inclusive spaces (or lack thereof) and commitment to continued PA adherence, it is important to remember that fatness does not exist in isolation. That is, various other identities that one may hold (e.g., gender, race, socioeconomic status, sexual orientation, physical ability, etc.) may influence the ways that she or he experiences the relationship between inclusion and PA commitment. Therefore, I have further included a moderating variable, multiple marginalized identities, to the relationship between inclusive spaces and commitment. The overarching argument of the current model is that body weight inclusive PA spaces, particularly those that engage in the six factors outlined below and with respect to one's various other social identities, will lead to increased levels of engagement and, thus, increased overall health benefits for participants.

Creating Body-Inclusive Spaces

Drawing on previous diversity literature in sport, I outline below several important factors for the creation of inclusive spaces, with specific consideration to body

size. While there are several existing frameworks related to the creation and management of diverse sporting spaces (e.g. Cunningham, 2009; DeSensi, 1995; Doherty & Chelladurai, 1999; Fink & Pastore, 1999; Chelladurai, 2009), these models do not specifically address the concerns related to fat stigma in PA. Therefore, the current model is designed to draw from the previous body of literature related to general diversity management in sport, while also integrating several additional factors important to creating specifically body-size inclusive spaces.

Cunningham (2015) outlined several factors that were important to creating change and building a diverse sport organization. In particular, he argued that organizations must value diversity, undergo an organizational analysis, educate employees and stakeholders, have support from top management and leaders, be proactive in hiring diverse individuals to key positions, and integrate a diversity management system throughout the organization. For the current model, I adopt several of these as key components of creating specifically body-size inclusive spaces; in particular, I stress the importance of creating a cultural commitment to diversity and the role of leaders in implementing inclusive policies. I then draw from other scholarship in developing an additional four factors to the model of inclusive spaces.

Cultural Commitment to Inclusion. Kasser and Lytle (2013) noted the importance of moving beyond simple access for a diverse range of individuals and to creating a culture of inclusion, by which each individual is recognized as both unique and valuable. That is, in the PA context, it is important for organizations to ensure that participants are valued and provided for in the space, regardless of body size.

Cunningham (2008) defined a cultural commitment to diversity as, “a force or mindset that binds an individual to support diversity,” (p. 178). He later operationalized this notion, noting:

The mindset can be reflected in one of three ways: (1) affective commitment, a desire to support diversity because of the value of diversity; (2) continuance commitment, the support of diversity because of the costs of not doing so; or (3) normative commitment, the felt obligation to provide support for diversity.

(Cunningham, 2015b, p. 281).

Cunningham and Singer (2009) argued that an organizational culture that valued diversity was critical to creating sustainable inclusion. Conceptually related to diversity, inclusion “involves how well organizations and their members fully connect with, engage, and utilize people across all types of differences,” (Ferdman, 2014, p.4). Thus, by creating an ethos of inclusion within the organization, individuals are more likely engage in interpersonal interactions that increase feelings of belonging for participants, such as engaging them in meaningful conversation or providing special accommodations for an individual’s needs without request. Again drawing from disability research, staff in recreation and activity spaces are crucial to creating a culture of inclusion. Staff members do so by ensuring that spaces are welcoming and step in to ensure that discrimination and prejudicial behaviors are not tolerated (Bedini, 2000).

While the previous literature does not specifically reference body or fat inclusivity, I argue that the logic of the argument extends to this dimension of diversity in PA as well. That is, just as other demographic dimensions of diversity, such as

disability, race or gender, benefit from a cultural commitment to inclusion so to do those in larger bodies.

Leadership Commitment to Inclusion. Managers and organizational leaders often set the tone within PA spaces and are crucial in developing an affective commitment to inclusion (Cunningham, 2008; Doherty & Chelladurai, 1999). Leaders transmit a number of messages about the importance of inclusion and serve as role models for others in an organization (Boekhorst, 2015). This is particularly important in the case of body diversity in the PA context, due to the strong cultural biases that disassociate those in larger bodies and exercise activities. That is, the entrenched nature of documented anti-fat biases in the current PA and fitness landscape will likely make the creation and maintenance of truly inclusive spaces a difficult undertaking. However, leaders, by mandating and modeling inclusive behavior, serve as a highly visible cue to both staff and participants about the value of each individual in the organization. Leaders that champion diversity and inclusion are important in creating change in organizational culture and instilling these values at all levels (Herscovitch & Meyer, 2002).

Physical Spaces. Disability researchers have noted the need for inclusive leisure and PA spaces that welcome and include all bodies (Devine, 2004; Jeanes & Magee, 2012). Creating inclusive PA for those with disabilities includes a component of physical space, in which a facility creates the opportunity for participation by removing many of the physical barriers that commonly preclude individuals from joining in (Dunn & Moore, 2005). It is noted, for example, that PA spaces that are inclusive to those with

disabilities generally include adapted equipment and accessible restroom facilities (Shelley, 2002).

Similar logic applies to facilities seeking to create more body weight inclusivity, as well. Inclusive PA spaces may have additional or adapted equipment for those in larger bodies, such as support blocks in yoga classes or treadmills with higher weight capacities in fitness centers, which would reduce barriers to participating. Further, the presence of mirrors in a PA space has been demonstrated to increase body assessment and self-monitoring, as well decrease body image perceptions (Radell, Adame, & Cole, 1992) Therefore, inclusive PA spaces would reduce the number of mirrors, large windows, and explicit body weight/ weight-loss materials visible in the exercise area. As previously noted, weight loss and appearance-related messages in advertising also increase anxiety related to the body and increase activity avoidance (Berry & Howe, 2004). Finally, hiring those in larger bodies to visible positions in a PA organization can also create a visible, physical representation of body acceptance and inclusion in a space. Sartore and Cunningham (2007) noted that, “by promoting realism rather than idealism in both their hiring practices and their message to customers, the fitness industry can benefit individuals of all shapes and sizes,” (p.189). While changes to the physical space are important to breaking down barriers to participation, especially in terms of signaling who is welcome (and, conversely, who is not) in PA, they are only a starting point in creating inclusivity.

Inclusive Language. Language, particularly in terms of the words and phrases used in a given context, has been noted as an important component to diversity and

inclusion (Arneson, Mietola, & Lahelma, 2007). Whether conscious or not, many of the phrases and terms used in conversation create or highlight differences among individuals, thereby creating a linguistic category of “us” and “them” which marginalizes the other. Over time, words can gain cultural significance and connotations outside of a neutral understanding of their dictionary definition.

Across a number of diversity dimensions, language is an important component of creating a divisive or inclusive environment. There are, for example, a number of ways that language has been used to classify individuals that relegated them to inferior, differentiated status. As one example, those with intellectual disabilities have historically been classified by a number of terms that have fallen out of favor based on changes to prevailing cultural norms and associations with older terms; these include “handicapped,” “retarded,” or “mental deficiency” (Foreman, 2005). Similarly, gendered terminology and sentence structure have changed over time, such that it is, for example, no longer appropriate to use generic masculine pronouns to describe mixed-gender groups as it necessarily relegates women from positions of power and reinforces male dominance (Parks & Robertson, 2002; Sniezek & Jazwinski, 1986). Language has also served to marginalize sexual and gender minority individuals (e.g. the phrase “That’s so gay,” as a pejorative implies inferiority of sexual minorities) and reinforce stereotypes (Weinberg, 2009).

The language of body size has been particularly problematic, as well, as commonly accepted terms reflect and reinforce cultural biases against fat (Wann, 2009). The terms “overweight,” which implies a proper weight to which all individuals must

conform, and “obese,” which ignores the multifaceted nature of body weight, are both commonly used in the current culture. In the PA landscape, these can be code words for unfit or incapable. For example, absent other fitness information, a personal trainer that encourages a new, fat client to engage in “gentler,” activities or those “for beginners,” is making an implicit linguistic assumption that the individual is incapable of participating in more vigorous classes or does not already engage in fitness activity. Given the many factors that contribute to body fat levels, and the wide range of relative fitness levels across body types, this type of marginalizing language is problematic in creating an inclusive space. Therefore, inclusive language that avoids these pitfalls and power dichotomies is necessary to the creation of inclusive PA spaces.

Sense of Community. In combatting stigma, Crocker and Major (1989) argued that marginalized individuals often find support, develop pride, and have improved self-concept when among similar others. McMillan and Chavis (1986) explained that, “sense of community is a feeling that members have belonging, a feeling that members matter to one another and to the group, and a shared faith that members’ needs will be met through their commitment to be together,” (p. 9). This feeling of belonging has been linked to a number of positive outcomes, including improved overall psychological well-being and increased civic engagement (Davidson & Cotter, 1991; Francis, Giles-Corti, Wood, & Knuiman, 2012). Warner and Dixon (2011) argued that community building was a primary task of sport and PA, especially from an athlete or participant’s perspective. This work was further developed into a multi-dimensional scale measuring sense of community in sport and PA organizations, which included seven primary tenets:

administrative consideration (extent to which leaders care about participants), common interest (shared values and trust among members), competition (between members and externally), equity in administrative decisions (fair and universally beneficial decision making), leadership opportunities (members can influence the community), social spaces (ability to meaningfully interact with others), and voluntary action (members are present due to a personal/ intrinsic desire to be part of the community) (Warner, Kerwin, & Walker, 2013).

Unfortunately, Schmalz (2010) noted that cultural beliefs about the temporal and controllable nature of fatness largely preclude the organized formation of such support networks and communities for those in larger bodies. Therefore, it remains important for organizations to intentionally foster greater ties to and between participants, developing a more powerful sense of community that encourages long-term commitment and adherence for those in larger bodies.

Participant Autonomy. Each of the previous components of inclusive spaces followed a largely top-down approach, in which organizational changes and policies attempt to foster inclusive spaces. However, it is similarly important to consider the role of participants in creating such outlets for PA, not only for themselves, but also for others experiencing marginalization as well. Using the lens of Deci and Ryan's (1985) Self-Determination Theory, I argue that motivation to an activity or learning outcome is maximized when individuals have an active interest in participating, perceive value in the activity, and have confidence in their ability to participate without problem.

In the field of education, students with these attributes show higher levels of motivation and intentionality in learning (Deci, Vallerand, Pelletier, & Ryan, 1991). Further, within the sport context, perceived autonomy of young athletes can increase intrinsic motivations to train and improve (Almagro, Saenz-Lopez, & Moreno, 2010). It follows, then, that PA spaces should look to empower all members and encourage their autonomy in participating. This is particularly true for those whose voices are underrepresented in the current PA landscape. That is, fat individuals should be encouraged to engage in conversations about the ways that PA spaces are developed and run, allowing them to affect positive and inclusive change in the organization. Previous research suggests that this level of commitment and buy-in would result in increased motivation to participate and adherence over time.

Outcomes of Inclusive Physical Spaces

To this point, I have outlined components that make up inclusive PA spaces. I now turn to discuss the practical purpose of the model: the outcomes of creating such inclusive spaces. I argue that inclusive PA spaces will lead to greater physical and psychological well-being of participants, through increased levels of commitment and adherence related to an increased sense of identification and attachment with the activity.

Activity Identification and PA Participation. Individuals' participation and belonging in a particular social group can have a profound effect on the ways that they engage with the world (Tajfel, 2010). Defined as a, "part of the individual's self-concept which derives from their knowledge of their membership of a social group (or groups) together with the value and emotional significance attached to that membership," (Tajfel,

2010, p. 2), a social identity can be important in shaping one's worldview. That is, through hers or his group membership, an individual's perception of events, tasks, and even other people can change. Individuals that are highly identified with a particular religion, for example, may hold certain prejudicial beliefs about non- or different-religious outsiders (Brambilla, Manzi, Regalia, & Verkutyen, 2013). However, the attitudinal effects of identification must not always be negative, in that highly identified individuals also experience positive feelings of belonging and improved self-concept.

Within the field of sport management, individual's identification with a team or sport organization has been widely studied, particularly with respect to the marketing implications of fandom (e.g. Gwinner & Swanson, 2003; Sutton, McDonald, Milne, & Cimperman, 1997; Wann, 1995). Funk and James (2001) developed the Psychological Continuum Model (PCM) to describe the increasing levels of identification that fans of a particular organization or team experience. Moving through the various stages, from awareness and attraction to attachment and allegiance, individuals are more likely to identify with the team on a personal level and act on these associations. For example, individuals at the lower levels of engagement would seek only information about a team, while those that are already attached to the organization may purchase team related products or memorabilia (Shapiro, Drayer, & Dwyer, 2014). Further, individuals that have high levels of identification with a team also exhibit improved self-concept through increased feelings of belonging, which serves as a buffer against anxiety, depression, and social isolation (Barnscombe & Wann, 1991).

In the context of PA, it is important to move individuals up the ladder of engagement, particularly for those who are not currently engaged at all. This is because individuals with higher levels of identification with a group or activity are more likely to act in accordance with this identity, as it is more central to their being. That is, individuals with high levels of identification with a specific PA activity are more likely to participate regularly. However, it is also worth noting that individuals can move in both directions, up and down the continuum, based on a number of factors (Beaton & Funk, 2008). Thus, it is important to not only develop, but also maintain, engagement relationships with individuals over time. Unfortunately, individuals in larger bodies may remain in the first two stages of awareness and attraction, due to the hostile nature of the current PA landscape; however, the documented health and organizational benefits of participation occur largely at the higher levels where participation is more consistent over time.

Funk and James (2001) noted that the latter stages of their model, attachment and allegiance, are more predictive of actual behavior than the lower stages. Therefore, I argue that inclusive environments that increase participants' level of engagement will also increase their commitment and behavioral loyalty to PA. That is, those that are made to feel welcome in PA spaces are more likely to more regularly engage in those activities and, therefore, also more likely to experience the benefits thereof.

Physical Benefits of PA Participation. Physical activity, regardless of body size, has a number of important health benefits, primarily in reducing an individual's risk for certain diseases and conditions (Blair et al., 1993; Warburton, Nicol, & Bredin,

2006). Physical inactivity has been related, for example, to cardiovascular disease, certain cancers, diabetes, osteoporosis, and osteoarthritis (Warburton, Nicol, & Bredin, 2006). Perhaps more troubling, inactivity is also strongly related to morbidity and mortality (Blair & Brodney, 1999). Conversely, increases in PA have a drug-like effect, reducing the incidence and severity of each of these conditions (Vina, Sanchis-Gomar, Martinez-Bello, & Gomes-Cabrera, 2012). These benefits occur for everyone and, therefore, it is recommended that everyone engage in as much PA as is safely and logistically possible. However, the largest reduction in incidence rates of activity-related conditions occurs for those who are sedentary that become moderately active (Fletcher, et al., 1996).

I argue that a more explicitly inclusive environment is likely to improve the behavioral commitment of individuals in continuing to engage in PA. As individuals engage in more regular and vigorous activity, they are also likely to experience the well-documented benefits of doing so. It follows, then, that PA outlets should be welcoming and inclusive of all body types and activity levels, rather than a select set of thinner clientele.

Psychological Benefits of PA Participation. Aside from the physical benefits, PA participation also has a number of positive psychological outcomes as well (Buckworth, Dishman, O'Connor, & Tomporowski, 2013). In their systematic review of PA and mental health literature, Penedo and Dahn (2005) found that those who engage in regular exercise experience improved mental well-being across a number of studies. Similarly, high levels of PA reduce levels of anxiety and depression, while increasing

overall mood, regardless of participant sex, socioeconomic status, or age (Stephens, 1988). Further, exercise participation has a positive effect on overall cognitive function (Tseng, Gau, & Lou, 2011).

Just as with the physical benefits of engagement, individuals that are increasingly engaged in PA are likely to receive the psychological benefits of doing so as well. The current paper argues that more inclusive PA environments would be useful in increasing the behavioral commitment of larger individuals. PA is an important component for the overall psychological health of individuals, therefore demonstrating the need for more inclusive spaces that encourage regular participation for all.

Conclusions and Directions for Empirical Research

The framework provided seeks to create a model for new and inclusive spaces that encourage the participation of a group largely marginalized in the current PA climate. Unfortunately, fat individuals experience high levels of judgment for their weight, especially in the sport and exercise context. This is particularly troubling, given emerging evidence about the relative health risks of weight, per se, versus those of a sedentary and inactive lifestyle. Rather than focusing on weight loss as a primary goal, I argue that PA outlets should begin to model themselves to focus instead on healthy activity for participants.

To this end, I encourage a HAES-based model to PA in which participants are able to exercise simply as a means to holistic health, rather than the achievement of a particular societally endorsed aesthetic. These spaces should be explicit in stating that weight loss is not their primary focus, but rather that regular active embodiment of

individuals and overall health are, regardless to where weight may fall. I argued that leaders in these spaces will remain crucial in developing and modeling inclusive ideas and behaviors, serving as champions for those that are marginalized in the current PA landscape. Further, inclusive spaces spring from a culturally embedded commitment to inclusion for all individuals, including fat persons. PA spaces that are inclusive to all body sizes would remove many of the anxiety inducing and negative elements of physical space, instead replacing them with signals and messages of inclusion. This is particularly important in terms of the language used and accepted within a space, which often unconsciously creates division and exclusion. The development and maintenance of an active and inclusive sense of community is vital in ensuring the individuals feel as though they belong and are valued in the space. Finally, participants should be encouraged to make the space their own and enjoy autonomy in their PA experience. These strategies, I suggest, are likely to develop a more positive participant experience that encourages long-term health and adherence to the program.

As with all models, it is important to empirically test the ways that these ideas function outside of the theoretical realm of academia. Therefore, these dynamics should be examined in the few emerging body positive fitness contexts. Understanding participants' feelings towards PA, prior history in the fitness and exercise contexts, and experiences in these more inclusive spaces are all important in understanding the relationships and appropriate strategies for engagement between fat and PA. Further, sport managers should be interested in the efficacy of these strategies at both improving health markers for participants (outside of their body weight) and improving their

organizational buy-in and adherence, as these are crucial aspects to the sustainability of such programming over time.

Regular PA is an important component to individuals' overall health that should be encouraged and available for all persons, regardless of their personal characteristics. It is hoped that the creation of more body-inclusive PA spaces and policies will encourage fat individuals that feel marginalized by the current model to engage in PA in a manner that encourages overall health, regardless of body type.

CHAPTER III

YOGA FOR EVERY BODY: A QUALITATIVE INVESTIGATION OF INCLUSIVE PHYSICAL ACTIVITY SPACES

The current sport and PA landscape mirrors larger societal trends of exclusion towards those in larger bodies. Cultural idealizations of thinness have created a paradoxical dynamic in which the majority population (those considered overweight and/ or obese; Flegal, Carroll, Kit, & Ogden, 2012) are stigmatized and marginalized (Apolloni, Marathe, & Pan, 2011; Boero, 2007). This trend is readily apparent in the context of sport and physical activity (PA), where thin and muscular bodies are prized, while larger bodies are seen as unhealthy, unfit, incapable, and unwanted (Boero, 2007; Vartanian and Shaprow, 2008). This marginalization and exclusion is problematic in several ways. From a socio-cultural and inclusion perspective, access to healthful sport and PA opportunities should be available to all individuals, regardless of body type. However, from an organizational perspective, the exclusive practices of the current model inhibit the participation of individuals that actually fall within the majority population, thereby potentially limiting the organization's overall effectiveness. Therefore, it is important to (re)engage individuals in larger bodies through the creation and maintenance of inclusive and welcoming sport and PA spaces.

In the current research, I examine the ways that body-weight inclusive spaces for PA are created and maintained. Within the yoga community, there is growth of an organized movement towards body acceptance and activity for all (Klein & Kouba,

2014). That is, there is a small, but growing, number of studios and instructors that provide a PA outlet that is expressly designed to welcome those in non-conforming bodies, including larger bodies. Central to this movement is the Yoga and Body Image Coalition (YBIC), an organization of individuals seeking to create a more inclusive notion of what yoga is, and who can participate, by stressing participation for all (YBICoalition.com, 2015). This idea represents a divergent approach from traditional PA offerings, and addresses the systemic marginalization of larger bodies.

Therefore, in the current paper, I examine the practices of yoga instructors and facility managers who are committed to creating explicitly body positive spaces for individuals to engage in healthful activity. The early success of these facilities and programs suggests that these outlets are needed and are achieving their inclusive goals. Therefore, I sought to understand the hallmarks of a truly body inclusive PA space, from the perspective of leaders that had created them. While I currently focus on the strategies and practices that have made the body-inclusive yoga movement successful, I also acknowledge that these ideas may be useful in other disciplines and PA settings. In the space below, I offer an overview of the portion of our conceptual framework examined in this study.

Conceptual Framework

As laid out in the preceding chapter, I argue that currently PA spaces are exclusive with regard to the body types that are deemed acceptable and worthy. I argue that the current sport and fitness landscape does not adequately address issues of stigma and exclusion that preclude participation by those in larger bodies. In this sense, sport

should be made more accessible for the simple reason of extending the holistic health benefits of regular PA to more people. As Chapter 2 offered a full treatment of this issue, here I provide only a brief overview of the conceptual model presented earlier as the theoretical framework for the current study.

Stigma, PA, and the Need for Inclusive Spaces

Participating in sport and PA requires a capital investment of time, money, and effort (physical and psychological) for everyone; however, for those in larger bodies, these costs can be particularly high (Puhl and Brownell, 2006). While the time and monetary costs of PA would remain largely constant across groups, the psychological efforts are quite high for fat individuals. These high psychological costs of engaging in PA are largely a byproduct of weight stigma in our current society, which is particularly strong in the sport and PA context.

Link and Phelan (2001) conceptualized stigma as the multi-level process through which individuals are discriminated or subject to reduced social status or power based on a personal characteristic. Research on weight stigma has shown that stereotypes about fat individuals commonly associate those in larger bodies with laziness, stupidity, lack of self-control, and unhappiness (e.g., Davison & Birch, 2004; Hebl & Heatherton, 1998; Staffieri, 1967). Thus, weight stigma can, and does, result in a number of negative health outcomes, including poor self-concept and psychological well-being, unhealthy dieting and eating behaviors, and PA avoidance (Crawford and Ecklund, 1994; Puhl & Brownell, 2006; Vartanian and Novak, 2011; Vartanian and Shaprow, 2008). The stigma surrounding body weight is heightened in the sport and PA context. Sport and

fitness organizations often project messages of body exclusivity that can be intimidating or even insulting to those in larger bodies. For example, organizations often feature exclusively thin/ muscular bodies in their advertising and promotional materials or in artwork on their walls. The not-so-subtle subtexts of these messages demonstrate the types of bodies that are valued in these spaces and, accordingly, those that are not. Further, exclusive hiring practices mean that staff in these facilities rarely deviate from the thin ideal (Sartore & Cunningham, 2007) and often exhibit anti-fat biases (Cardinal, Whitney, Narimatsu, Hubert, & Souza, 2014; Curtis, 2008).

Regardless of body size, adherence to a set of healthful behaviors (e.g., consuming a balanced diet, getting proper sleep, avoidance of toxins, and regular PA participation) has been shown to improve overall health outcomes better than weight loss, per se (Bacon, 2010; Bacon & Aphramor, 2011). In particular, regular PA participation has a number of well-documented health benefits that are not limited to only those that are thin. Previous work has demonstrated that regular activity reduces the risk of many chronic conditions, including cardiovascular disease, certain types of cancer, osteoporosis, diabetes, and depression (see, for a review, Warburton, Nicol, & Bredin, 2006). While current PA offerings are ostensibly available to all, it is important that individuals feel welcomed and included for an organization to truly be inclusive (Ferdman, 2014). Therefore, I argue that, given the exclusive landscape currently found in PA, strategies for creating truly inclusive spaces should be explored as a mechanism for engaging those in larger bodies.

Strategies for Inclusive PA

In the previous chapter, I outlined a model that included six strategies for the creation of body-weight inclusive PA spaces: a cultural commitment to inclusion, leadership commitment to inclusion, physical space, inclusive language, sense of community, and participant autonomy. I provide a brief outline of each concept in the following section.

Cultural Commitment to Inclusion. Diversity related initiatives require a strong cultural commitment within an organization to be effective (Cunningham and Singer, 2009). That is, organizations seeking to engage a diverse range of bodies must create an ethos of inclusion throughout (Kasser & Lytle, 2013). Staff members who consistently ensure that discriminatory or prejudicial actions do not occur in a PA space are crucial to creating such a culture, as they reinforce norms and standards on a regular basis (Bedini, 2000).

Leadership Commitment to Inclusion. Leaders are crucial in developing a culture of inclusion as they mandate and model norms and expectations for those in an organization (Cunningham, 2008; Doherty & Chelladurai, 1999). In particular, it is important to have leaders that encourage body weight inclusion in PA outlets due to the strong anti-fat biases that often exist in these spaces.

Physical Spaces. Based on prior research into disability inclusion into PA, I argued that modifications to the physical space in which activity occurred would be important to true inclusivity. For those in larger bodies, this may include several modifications and accommodations to equipment and spaces that are not currently

offered in traditional exercise outlets (e.g., larger treadmills). The removal of physical barriers to participation is effective in creating more inclusive spaces for those with disabilities (Dunn & Moore, 2005, Shelley, 2002), and I argue that it would do so for those in larger bodies as well.

Language. Whether intentional or not, divisive and demeaning language produces feelings of shame and marginalization among vast categories of people. Therefore, a careful consideration of the words and phrases used in a PA space is important in developing a safe and welcoming environment (Arneson, Mietola, & Lahelma, 2007). Language is particularly problematic when discussing issues of weight, given that even medically accepted terminology reinforces anti-fat biases (Wann, 2009). Thus, inclusive spaces would also seek to create a more body weight neutral language that is not demeaning or derisive.

Sense of Community. A felt sense of community, developed through participation and acceptance in a particular setting, is important in combatting stigma and improving one's self-concept (Crocker & Major, 1988). Interestingly, sport and PA are often charged with the creation of community among spectators and participants (Warner and Dixon, 2011). Unfortunately, these communities are not currently available to all, particularly those in larger bodies that are often excluded from PA. Therefore, it is important for inclusive spaces to encourage community for a wider range of individuals.

Personal Autonomy. It is also important for individuals to take an active role in creating their own inclusive environments in which to engage PA. Drawing from Self Determination Theory (Deci & Ryan, 1985), I argue that individuals must have an

interest in the activity, be confident in their ability to participate, and perceive a value in the activity to maximize the positive outcomes of participating. As such, fat individuals should be able to have input in the structures and spaces that would engage them best. By presenting these individuals with an ownership stake in their participation, organizations can better serve them and commit them to participating through their investment.

Each of these six factors, I argue, is important to creating inclusive spaces and facilitating the engagement of those in larger bodies. Therefore, in the current study I seek to investigate the ways that leaders of body inclusive yoga classes and studios approached inclusion. Our research focused on an evaluation of the use of each of the previously outlined methods in body-inclusive yoga spaces, such that our research questions can be framed as follows:

In what ways are aspects of cultural commitment to inclusion (RQ1), leadership commitment to inclusion (RQ2), physical spaces (RQ3), language (RQ4), sense of community (RQ5), and personal autonomy (RQ6) used to create body-inclusive yoga spaces?

Method

Within the current study, I employed a qualitative methodology, designed to explore the development, efficacy, and future of inclusive yoga spaces. I chose to employ a multi-step method as a means of exploring the complex intersections of body, inclusion, and PA. The first step of our research, then, was to conduct a series of semi-structured phone interviews with leaders and/ or instructors of body positive yoga

classes and programs. The interviews were collected over a two-month period and lasted between 39 and 98 minutes. Interviews roughly followed an interview guide while allowing participants to deviate from the original questions where they saw necessary. Our sample (N= 9) was purposefully chosen based on their development of body inclusive yoga spaces, first through participation in the Yoga and Body Image Coalition, with snowball sampling thereafter. The sample was intentionally diverse, with instructors from several cities across the Canada and the United States, ranging in age from 30 to 65 years, and of multiple racial backgrounds (i.e., White, African American/Black, and Asian). Our sample was nearly all women (n= 8), with only one man. However, given the gender disparity in the North American yoga community, in which most participants are women, this may be representative of gender dynamics in the wider context (Saper, Eisenberg, Davis, Culpepper, & Phillips, 2003).

Improving the reliability and credibility of the interview findings was addressed in several ways (Lincoln & Guba, 1985). Interview recordings were transcribed, and the first author undertook a process of open, axial, and selective coding, from which general themes were developed. Within the first iteration, 25 first-order codes were defined. These codes were then mapped on to general themes in a manner guided by the previously described conceptual framework, while also allowing for the development of additional themes. A complete table of themes, first order codes, and representative quotations of each can be found in the appendix. After initial coding, participants were contacted for follow-up member checking, in which they were asked to ensure the

accuracy of both transcription and intention of their meanings within the context of the themes. Themes were then discussed with, and confirmed by, the second author.

Following the recommendations of Creswell (1998), our interview data was also triangulated through multiple sources. First, immediately following each interview, the researcher wrote initial thoughts into a reflexive journal. Journal entries were reviewed during the coding process as a way of reporting and reflecting on the first author's thoughts and perspectives throughout the process. Further, the researchers were granted access to multiple private social media spaces developed for participants in body-inclusive yoga spaces to interact online. Social media and online platforms were commonly used by instructors to reach participants and foster interaction with and among their students. By monitoring these spaces over a series of months, I were able to observe these communities and the interactions of individuals within them. During these observations, the researcher kept reflexive journal notes as well.

Results and Discussion

In the current paper, I sought to address issues of body weight stigma in PA, with particular regard to the strategies used to combat this stigma in more inclusive spaces. Therefore, in the following section I outline the ways that our participants experienced weight stigma in yoga and wider PA contexts. I then address each of our proposed strategies for developing inclusive spaces, offering support to four of them, as explained by our participants. Finally, I include a discussion of two emergent themes, social cause advocacy and a focus on health, that were not previously theorized, but emerged from the data nonetheless.

Stigma in Yoga and PA Spaces

Body weight stigma, although prevalent across Western cultures, is particularly salient in the PA context (Cardinal et al., 2014, Curtis, 2008), a point that was widely supported by our participants. Many of our participants explained, through their own experiences, that fitness spaces are often exclusive and stigmatizing to those in larger bodies. In many cases, this stigmatization leads individuals to avoid PA altogether (Vartanian & Shaprow, 2008), as many of our participants had done themselves for extended periods of time. Therefore, as many of our participants described personal experiences with weight or body related stigma in PA spaces, they also affirmed their own commitment to avoiding such practices in their own facilities.

Kimberly explained two common assumptions made about her body and health goals in fitness spaces. First, people often assumed that she was new to fitness activities and needed special accommodations, and second, that she was engaging in PA to lose weight. The assumptions, made only on her appearance, were often wrong, as Kimberly had been engaged in a regular yoga practice for more than 30 years and was relatively strong and fit. Yet, she noted, “In new fitness settings, people will tell me ‘Oh! Keep coming back, the weight will come right off.’” Both assumptions about her body are embedded in this type of well-intended cheerleading. She noted that she often responds to such statements:

I try to speak up now. I’ll say, ‘You know? That’s an interesting theory, but it hasn’t really been my experience in the last few decades of regular exercise,’ or

something. Just really, I try to complicate their ideas that exercise equals thinness.

In fact, most of the stigma that our participants had encountered had been in the form of well-meaning, but misguided, attempts at encouragement. They commonly noted that being “singled out” in a class or receiving more encouragement or attention from an instructor or fellow attendee could be just as problematic as receiving no attention at all. Amber argued that well-meaning teachers can drive individuals away from practice, she said:

I had a teacher that insisted that I use a modification that I didn’t need, and now, just because I wanted to do what the rest of the class was doing, everyone [was] coming out of poses and staring at me. That singling out, especially if you’re already in a non-conforming body, can be the make or break thing about whether you’ll come back.

She also recalled an even more traumatizing event, in which a teacher had gathered several other students around to “spot” her during a more acrobatic yoga pose, despite her being capable of doing the pose unassisted and her protests to the special treatment. Again, other students were removed from their own practice and Amber was made to feel incapable and unwelcome by the instructor.

These instances, almost always not malicious, were a common theme for our participants, indicating the regularity with which they occur. Shaely, also recalled that the feelings of isolation, based on the treatment she got for her physical appearance, had often left her wishing that she could “dissolve into the floor,” and to go entirely

unnoticed at the back of the class. She recalled that the stigma of being different in the yoga studio had led her to feel apprehension about her very presence and to wonder whether she was truly welcome.

In every case, the isolation of being singled out in a class was expressed as harmful, rather than encouraging. Each case of stigma was traumatic for the individual recounting it and had pushed them further from regular engagement in these spaces rather than encouraging their participation. In many cases, the stigma that they themselves had experienced led our participants to seek out certifications to teach or to start their own, more inclusive, spaces. Our participants' experiences lend further support to the growing body of literature suggesting that body-weight stigma remains prevalent in the PA landscape and highlight the need for more inclusive spaces. Therefore, I now shift our attention to the strategies that these individuals use to create more inclusive and welcoming spaces for those in larger bodies.

Cultural Commitment to Inclusion

Our first research question (RQ1) examined the creation of a culture committed to inclusion and respect. Each of our participants acknowledged the ways that they created such a culture, lending support to its necessity in engaging those in larger bodies. In many cases, participants explained a desire to celebrate body diversity, acknowledging that each individual body is unique and has its own strengths and limitations, but that it should be used and celebrated nonetheless. Anna, for example, discussed her initial surprise at the variety of bodies that were often present in her classes, saying,

From day one I was kind of surprised at Curvy Yoga when I would see thinner people in class. At first I thought, ‘Did these people go to the wrong class?’ Right? But, what I’ve heard from them is that bigger bodied people are not the only people that have been made to feel alienated from their bodies or that their body isn’t good enough. So we have all kinds of bodies, really.

Similarly, Dianne recalled a situation in which a young girl with physical disabilities was in one of her classes, calling herself “blessed,” for having the opportunity to teach her. With modifications of several poses, the girl was able to complete her practice. Without intending to, the girl contributed to a culture of body inclusion, as a physical symbol of acceptance.

Many participants noted the importance of seeing diverse bodies in choosing to first try a class and also in continuing to return. Dianne, who is both a woman of color and in a larger body, noted:

Students have told me that when they walk in the door, they found the space very welcoming. I think what’s really incredible for people is when they step in and they see me behind the front desk, or the other teachers in our studio that represent more of what you actually see out in the world. They feel a lot more comfortable.

While there is often an element of surprise for individuals seeing the staff for the first time, she said that in many cases, seeing instructors and other participants of varying body types, ages, and abilities made the space less intimidating. For this reason, she added, “[newcomers] feel like they can identify with me because they look more like

me.” Many of our participants echoed this notion, that simply being in the space in a non-stereotypical body, sent a profound message to clients.

Anna also noted that seeing larger bodies move in the class was important in creating an inclusive environment. Particularly, she noted that for those that are new to yoga or PA, her physical demonstrations offered participants a different understanding than those presented in popular press or media. She said:

I demonstrate a lot of poses when I have new people. I think for people who are newer to yoga, who never thought it was possible for them, or those that have never seen yoga done on a body that is not- you know- thin, fit, and flexible, it can be very helpful and empowering to see someone like you do the poses. To be like ‘Oh! Yeah, it does look a little different on larger bodies!’ I think that gives them permission to be where they are in their pose, and in their yoga journey.

These subtle cues, created simply by the presence of more body diverse staff and participants, reinforced a culture of inclusion. Further, while many of the participants discussed seeing this dynamic in their teaching, many also noted experiencing this firsthand when they traveled or took classes from others. That is, they themselves were more at ease upon seeing others in non-stereotypical bodies, either teaching or practicing, when they entered a new space.

By creating standards and norms that celebrate a variety of bodies, our participants were able to cultivate a culture of inclusion. This is important, as it has been argued that a culture of inclusion and commitment to diversity is necessary to realizing the benefits thereof (Cunningham, 2015b). As our participants engaged a number of

body types and ability levels, they subtly were reinforcing norms of value and respect for all that were powerful in welcoming and maintaining relationships with students.

Leadership Commitment to Inclusion

In many ways, a culture of inclusion is built by the students present and the space itself. However, leadership support for diversity initiatives is crucial to developing an organizational commitment to inclusion (Cunningham, 2008; Cunningham & Singer, 2009). Therefore, our second research question (RQ2) examined the ways that leadership was important to creating body-inclusive spaces. This was a strong theme in our data, as our participants often outlined a particular style of authentic leadership, in which they were engaged with their students in an honest and truthful way, seeking to empower individuals in their own wellness.

Many instructors noted that by acknowledging that there are poses or yoga moves that they cannot or will not do themselves and acknowledging that their bodies are non-conforming in the world of yoga teachers, they were able to better connect with students that might otherwise feel out of place. Kimberly, for example, discussed the ways in which her practice and teaching have changed due to aging and osteoarthritis. Particularly, she noted that feeling pain or having limitations that she previously had not experienced made her better able to connect with certain students that were experiencing those things. She recalled thinking, “Holy moly! A whole lot of my own experiences in my body were translatable to my students!”

Shaely discussed the struggles that she had early on in teaching yoga, particularly with her own reservations about her body and the societal expectations of what a yoga

instructor should look like. “I often felt like when I was teaching I was trying to hold something in- like my stomach- or trying to make my butt appear less curvy in all kinds of weird ways, which is very stressful.” However, over time, as she began teaching a Yoga for Round Bodies course, her feelings began to change. She said, “When I taught that class, I really felt like I saw a bit of myself in all of these women who were showing up on a Sunday morning.” She went on to discuss how these connections had made her a better and more authentic teacher that no longer felt the need to hide her own body in class.

Similarly, Amber discussed how her approach to teaching, built through her experiences in modifying poses for her own body, made her able to create a better experience for her students. Through sharing her own struggles and experiences, which had given her the ability to customize a class based on students’ needs, Amber found that many people who had previously avoided yoga were becoming regular attenders of her classes. In that way, Amber felt that her authenticity had allowed her to “make a real difference,” by providing students, “access to yoga and joyful movement, in a way that really meets them where they are. It can be empowering and extremely transformational in the way that they view their bodies and the world.”

Our findings pointed to the importance of authentic leadership in creating an inclusive space. Luthans, Norman, and Hughes (2006), noted that authentic leaders are defined by a commitment to owning and expressing one’s true self while in leadership positions. Participants from the current study acknowledged authenticity as crucial to creating trust that would transcend the traditional barriers a fat individual would face in

engaging PA. Further, by sharing their own struggles and stories with students, instructors were better able to connect with their students and build real relationships with them, thus supporting our second strategy.

Physical Spaces

Our third research question (RQ3) examined modification to the physical spaces of activity in creating more welcoming and body-inclusive environments. While some instructors discussed changes to the physical space, such as removing mirrors or building a wall designed to aid in pose modifications, this theme was not particularly salient across all of our interviews. Therefore, the current work did not support the idea of large-scale modifications to a space as necessary to creating inclusive environments.

Language

The next research question (RQ4) asked about the importance of language in developing body-inclusive PA spaces. This idea was strongly supported by the data, as every participant noted the ways that language can stigmatize or empower individuals in a fitness setting. Many participants had experienced prejudicial or demeaning language themselves. In response, they often noted the need for more inclusive and accurate language in PA. Kimberly explained that many commonly used terms create hierarchies of worth for bodies in PA. As an example, she explained the problem of creating “beginner” and “advanced” dichotomies with regard to certain movements in yoga:

Everything that is considered, ‘beginner’ is correlated with ‘less than,’ and there’s this idea that you should start as a beginner and then progress. And yet, there are loads of people that should *always* be doing a pose a certain way-

because of the body. It has nothing to do with being new to the practice- they've been doing that pose for twenty years, it works, and that's how they should do it. So much of this stuff, these language choices, are rife with cultural baggage. There's so much potential shame and stigma that go along with doing something for twenty years and still being a 'beginner' at it.

Anna expressed her choice to avoid such hierarchies by instead using language “of finding things that are appropriate for the body.” That is, by presenting a series of different options and poses in class, then allowing students to choose, she empowers individuals to detach the social attributions about a “beginners” or “modified” pose, and select an activity that is suitable and beneficial for their own body. This recognition of hierarchical language and an intentional avoidance of it was a common theme among participants.

Further, while each participant agreed about the need for more inclusive language in their classes, many also argued for more inclusive marketing as well, emphasizing the importance of creating explicitly inclusive messages for non-members to see. Many noted that their websites and marketing materials offered a first impression of the space, long before a person stepped foot in the door. Thus, it was important to send marketing messages that encouraged individuals of all body types and abilities to participate. For example, Dianne, in her promotional materials makes sure to feature herself, as a person of color in a larger body, signaling that the studio is open to bodies that are non-stereotype-conforming. Further, she does no acrobatic poses in her materials, despite being capable of doing so. She said, “All we see in the media are very

thin, very flexible people, doing gymnastics, if we're being honest, and toting that as yoga. People don't come in because they are afraid of that.”

Melanie, as a founder of the YBIC, took this a step further, noting the use of more explicit language in marketing efforts designed to challenge the assumptions that yoga is exclusively for thin, flexible bodies. To this, the YBIC has committed to creating body inclusive and supportive content around yoga. For example, Melanie described several free several speaker series' that the YBIC provided online surrounding yoga, body, and inclusivity. Further, the production of this content was supported by the sale of merchandise, such as “This is what a yogi looks like,” t-shirts, which the coalition encourages people of all sizes to wear in public. Michael noted that he includes a reference to fat body type in his business' name, Buddha Body Yoga, explicitly making it known that those in larger bodies are accepted and welcomed to the space. Therefore, there is an explicit and intentional effort from body-inclusive yoga spaces to convey that message in marketing and promotional efforts as well.

In support of our fourth question (RQ4), our participants were careful in crafting language in their teaching and marketing efforts to encourage inclusion. Signaling Theory supports the notion that potential customers use cues given by an organization or individual to evaluate the organization's values (Connelly, Certo, Ireland, & Reutzel, 2011). Making their inclusive aims explicitly known was important in attracting those that are marginalized in mainstream fitness organizations. For our participants, it was important to use language that would regularly reinforce inclusion as part of their business model and as the core of their organizations.

Sense of Community

In support of our fifth research question (RQ5), many of the participants stressed the importance of community building in creating inclusive spaces that people would come back to. Anna said:

I think community is really important. When you are conscious about creating a space where people are encouraged to be their authentic selves and meet their needs, it helps create community. [...] I credit the success of Curvy Yoga to sharing my story and then having others jump in quickly and say “Me too! Me too!” Decreasing that feeling of being alone is so powerful. And really, so many of the people that seek out Curvy Yoga, or any other place, are looking for a way to connect. So I think it’s important to be as welcoming and supportive as possible.

She outlined a number of ways that she worked to build community in her classes, which included intentionally introducing herself to new members and connecting them with other students, encouraging communication during the class itself, providing a physical space for students to interact, and also investing her time into knowing students on a deeper level and keeping up with their lives, their experiences and their struggles.

Michael characterized sense of community as “a chance for people to step outside of their own lives, to meet each other in another room, to see each other, to teach each other, to support each other, and then go back to their lives.” In that way, he noted that people were building social ties with each other that would encourage growth. Gwen had several strategies that she used as well to build community in her classes. She, for

example, also eschewed the notion of silence in the classroom, encouraging students to interact with each other before, during, and after a session. She also encouraged students to ask questions throughout the class and reinforced that class should be a safe space to be honest and to seek knowledge together. Finally, she noted the importance of starting and ending a class together, as a shared experience, which also gave students more freedom to interact, without the risk of interrupting others. Many of these practices were common among our participants, as each sought to create a welcoming space that individuals would return to regularly and become invested in.

This is consistent with the findings of Warner, Dixon, and Chalip (2012) and Chalip, Lin, Greene, and Dixon (2013), in that our participants noted that community was important to the overall satisfaction and adherence of individuals, as they found a place to belong and became invested. Amber summed up her notions of community, saying, “I think it speaks to our basic human need, in our gut, to belong. I try to build rapport and get to know students and build community so that they can belong.”

Personal Autonomy

Our final theorized strategy (RQ6) for engagement was an element of personal autonomy, in which individuals would have more power and influence over their experiences in inclusive spaces than traditional fitness outlets. While some participants discussed empowerment and autonomy as important factors in the wellness of their students, this was not a consistent theme across all of our interviews. Therefore, there was not sufficient evidence in the current data to support this as a major finding or important strategy for our participants. This lack of support may truly indicate that

autonomy is not important in creating body-inclusive spaces or may be a result of oversight by our participants. However, I argue that this lack of support was likely a limitation of the study methodology. That is, notions of personal autonomy would likely present themselves more in interviews with students themselves, rather than instructors, as a bottom-up variable is unlikely to be salient in a top-down manner of investigation.

The semi-structured method I employed did allow for some deviation from the interview guide so that participants could share a more holistic view of their experiences. Outside of our theorized strategies for creating inclusion, two further themes were evident in our findings: social advocacy and a focus on health. I discuss these themes below.

Social Advocacy

An interesting theme developed around the notion of social justice advocacy. This was evident from the outset, in that no participant that was contacted chose to remain anonymous in the current study; in fact, the study protocol was altered, at the request of several early participants, to allow their real names to be used. Kimberly articulated this, noting that:

I would prefer that my comments not be anonymous. It is a big part of my life and my work to talk openly about these topics. I want to make sure that there is a face on these stigmatizing circumstances, because they're not individual and a big part of the problem is that people are ashamed to speak openly about these things.

In a similar manner, each of the other participants chose to waive the option of confidentiality.

Many of the participants were also social justice advocates for issues outside of body weight or fat stigma as well, and used their work in yoga to advance these issues as well. Melanie, for example, has written extensively in the field of feminist thought, weaving it more recently into her work with body image and yoga. Early planning of her book, written with Anna, actually centered entirely on empowering women through yoga, prior to a shift towards body image. She noted that her work in feminism had freed her mind, while yoga was a tool to free the body.

In another example of social activism through her work, Elen offers many of her classes at a discounted price in a poorer neighborhood of her city, despite the fact that her most recent, full-price, Yoga for Larger Bodies retreat sold out shortly after being made available. She argued that yoga should be accessible and available to everyone, regardless of one's ability to pay. Recognizing that some students cannot afford even the extremely reduced rate, she created a scholarship fund as well for those struggling with the monetary costs. She said:

People kept telling me, 'I'd like to try yoga *but...*' 'I'm too fat', or 'I'm not flexible enough', or 'I have a disability', or 'I can't afford it', or 'I don't have the fancy clothes' or fill in the blank here. People weren't feeling welcome or that yoga was available to them. There are a lot of people that can't afford \$20 a class, or even \$10 a class. Yoga is still for them. Yoga wasn't started by white

people in \$90 stretch pants. For yoga to be inaccessible is kind of ridiculous to me. It's like, 'How dare you?!' If that's yoga, you're missing the point entirely. It was, therefore, important for the creation of an inclusive space to have a visible presence of advocacy, in which leadership would serve to empower and to protect participants.

Focus on Health

Another recurring theme among our interviews was an explicit focus on healthful movement, rather than a practice to lose weight or look a certain way. Many of the participants, in fact, articulated lifelong struggles with body weight and a desire to help others move past these issues and focus on health. Anna suggested the downfalls of a weight-loss focus, saying, "I think when people are coming at it from a place of trying to change their bodies because their body is wrong, that can only drive [them] for so long." She continued by articulating her commitment to a Health At Every Size paradigm in her teaching, she said:

I've built Curvy Yoga around that idea- that looking at someone's weight doesn't tell you about their health, that everyone's health is individual. I don't really include any kind of health coaching or nutrition information, more than just tune in to your body and find out what works for you and is healthful. I try not making the sole focus on weight, but breaking that down to aspects of health.

Elen also noted the importance of a focus on health rather than weight loss or body size as well. She said:

There are so many yoga studios churning out instructors with a thinness focus, not doing yoga for holistic wellness- and that's what we're up against every single day. We're not about six-pack abs. We're not about what you're going to look like in your swimsuit. [The thinness focus] is not reality. It isn't accessible. She would go on to discuss say that presenting yoga as a tool for health and wellness, rather than for fitness, was a social justice issue for her and something that was needed throughout the field.

Melanie framed this calling in a discussion of her own history and struggles with body image. Having grown up in a household that was obsessed with weight and weight loss, she recalled that yoga offered a different approach to movement, that was not focused on punishing the body or conforming to social body norms. "The move towards a positive body image took years," she said, "Going from wanting to look pretty to wanting to feel good was a big thing. I became cognizant of how my body image had changed and how positive it was." For her, then, a health focus, and the resulting freedom from societal body expectations, was an important part of teaching and participating in yoga.

Our participants noted that cultural biases against fat individuals, particularly in weight-loss obsessed fitness spaces, remain a strong barrier to participation, which was consistent with earlier findings (Puhl and Brownell, 2006; Puhl, Moss-Racusin, Schwartz, & Brownell, 2008). Therefore, these leaders often combatted this stigma by adopting a health-based model of PA, in which discussions focused on weight loss or dieting were not allowed and discussions of feeling healthy and comfortable in one's

own body were encouraged. This is supported by the findings of Cunningham and Woods (2011), who found that a wellness focus, rather than an appearance focus, was related to a more positive evaluation and interest in joining a fitness club. Therefore, this health based focus was important in developing truly body-inclusive PA outlets.

Conclusions, Limitations, and Implications

The framework provided in the previous chapter was largely supported by the current findings. In particular, participants noted the importance of language, a cultural commitment to body diversity, leadership commitment to inclusion, and sense of community. As such, each participant has sought to create more inclusive and accepting spaces for people of all body types to engage in PA through these strategies. Our findings suggest that inclusive spaces are built through an intentional effort to both reduce stigma and increase individual self-perceptions and group cohesion. Using each of the strategies previously outlined, our participants were able to create inclusive spaces that were successful in attracting and maintaining adherence from individuals in larger bodies.

Given the hostile landscape that individuals in larger bodies face in the current sport and PA climate, it is particularly important from an ideological perspective to explore and develop methods to engage them and encourage adherence to healthful movement. However, while our participants largely suggested cause-related motives for building such spaces, many also have large in-person and on-line followings and clientele bases. That is, these programs point to an untapped market for PA providers in which a large segment of the population wishes to, but is effectively barred from,

participating. By creating more inclusive spaces, PA managers can simultaneously address the ethical call to creating a more universal activity-for-all ideology and reach a new, and untouched, market segment from which to draw clients.

In particular, PA spaces should acknowledge the stigmatization that currently occurs in fitness facilities and the damaging effects that it has on potential participants. By creating a health-focused model that celebrates body diversity, and explicitly presenting this model in marketing efforts, larger individuals can be encouraged to participate. However, such a message cannot simply be a marketing effort, as leaders must authentically seek to create a culture and community that is inclusive and supportive of all members. By creating inclusive spaces that celebrate body diversity, it is hoped that larger individuals will be more likely to engage PA and, therefore, realize the benefits of doing so.

However, as will all research, the current study is not without limitations. I acknowledge the limited sample and that it may not be appropriate to generalize such findings to all PA spaces and contexts. Further, the current study only examined these spaces from the perspective of instructors. Future research should explore the experiences of participants in the programs themselves, to ensure that leaders' perceptions and participant experiences align. Finally, there may be a certain bias given the gender disparity present in our sample and in the yoga community at large.

Despite these weaknesses, I argue that the current findings could be of use to managers seeking to create more diverse PA spaces. I believe that the current study adds to the conversation surrounding inclusive sport for all and PA accessibility issues. I hope

that through the implementation of the strategies outlined in our findings, that organizations create a more inclusive sport and PA experience across contexts, thereby providing a wider variety of healthful opportunities to a wider variety of people.

CHAPTER IV
MANAGING SPORT AND PHYSICAL ACTIVITY SPACES TO CREATE BODY
WEIGHT INCLUSIVITY: DIMENSIONALITY AND HEALTH RELATED
OUTCOMES

Body weight stigma, in which individuals are harassed for, relegated to lower social status because of, and face discrimination due to high levels of body fat, remains prevalent in modern culture. With the context of this societal hostility towards body fat, the weight loss industry has thrived and perpetuated a message promoting thinness-at-all-costs (Bacon, 2010). Those in larger bodies are perceived to be stupid, lazy, lacking self-control, and necessarily unhappy (e.g., Davison & Birch, 2004; Hebl & Heatherton, 1998; Staffieri, 1967). These assumptions are particularly salient in the physical activity (PA) context, in which fat⁴ individuals are perceived as beginners or as incapable (Cardinal, Whitney, Narimatsu, Hubert, & Souza, 2014). Thus, it is not surprising that those in larger bodies often avoid PA entirely (Ball, Crawford, & Owen, 2000; Storch et al., 2007; Vartanian & Shaprow, 2008), given that fitness spaces are often the places that fat individuals report experiencing the most shaming, avoidance, and discrimination (Cardinal et al., 2014; Curtis, 2008; Dimmock, Hallett, & Grove, 2009; Schmalz, 2010). Schmalz (2010) noted that these not-so-subtle messages serve as a strong psychological barrier for individuals with non-conforming bodies to participate in PA.

⁴ The use of the term “fat” within the current manuscript is consistent with fat studies literature and is not meant in the derogatory manner with which it is often associated in daily conversation. This branch of study advocates the use of the term as a neutral descriptor, similar to “tall” and “short.” For a full explanation of fat studies terminology, see Wann (2009).

These patterns are troubling for persons involved in the delivery of sport because, as Zeigler (2007) has noted, sport management should be concerned with that all people—irrespective of their personal characteristics—have the chance to engage in sport and be physically active (see also Henderson, 2009). Indeed, regular participation in sport and PA has a number of physical benefits (e.g., reduced disease risk, general cardiovascular health) and psychological benefits (e.g., improved mood, reduced risk of depression) for persons of all body types (see, for an overview, Blair et al., 1993). For this reason, medical and public health officials recommend that individuals participate in as much PA as is safely and logistically possible (see, Smith, Ng, & Popkin, 2014). From an organizational standpoint, the possible first-mover advantage for firms that engage those in larger bodies should be noted, as fat individuals are a numerical majority in many Western cultures (Cunningham & Woods, 2011; Kerin, Varadarajan, & Peterson, 1992). That is, sport organizations able to create spaces that welcome and engage a more diverse set of bodies can position themselves to benefit from early access to a large market segment that is currently underserved.

Unfortunately, the current model for PA is not conducive to participation among those in (or perceiving themselves to be in) larger bodies and a new, more inclusive model is needed. The current paper, therefore, draws on existing literature and previous research to build and test a model of body weight inclusivity in PA with particular attention to examining the hallmarks of body inclusive spaces. After developing a measure of inclusivity in PA spaces, the effects of inclusion on physical and psychological health, as well as individuals' identification with PA, were then tested.

Conceptual Framework

In the current study, I drew from previous literature to first establish a set of practices and attributes of PA organizations that promote inclusion of all body types. Pickett and Cunningham (2015), in their qualitative study of body-positive yoga facilities, found six salient dimensions of body inclusive spaces: (a) Authentic Leadership, (b) Culture of Inclusion, (c) Health Focus, (d) Inclusive Language, (e) Leader Activism, and (f) Sense of Community. Following these themes as a general framework, I sought to further explore and quantitatively test these dimensions of inclusivity and then hypothesize relationships between inclusivity and both physical and psychological health, which are, at least partially, mediated by one's identification with the activity. An illustrative summary is shown in Figure 2.

Dimensions of Body Weight Inclusive PA Spaces

A number of frameworks have been developed related to inclusion and diversity in sport and PA (e.g. Cunningham, 2009; DeSensi, 1995; Doherty & Chelladurai, 1999; Fink & Pastore, 1999; Chelladurai, 2009); however, none specifically address issues related to body weight stigma and discrimination. Noting this gap in understanding, Pickett and Cunningham (2015) found six core components of body-weight inclusive spaces in their study examining the practices of body-positive yoga organizations. Given that this study specifically addresses body-weight stigma, their work serves as an ideal framework for the current study. In the following space, I offer an overview of each dimension and hypothesize its contribution to an inclusive space.

Authentic Leadership. Leaders have considerable influence on organizational culture, particularly as it relates to diversity and inclusion initiatives (Cunningham, 2008; Doherty & Chelladurai, 1999). In particular, leaders model behavior and set standards for inclusion within an organization, which is particularly important when these initiatives oppose deeply entrenched cultural beliefs, such as those surrounding body weight and PA (Boekhorst, 2015). In particular, an authentic leadership style, in which leaders interact with participants in an honest and forthright manner that encourages deep and meaningful personal relationships, is important in empowering individuals to participate despite cultural stigma (Avolio & Gardner, 2005; Gardner, Avolio, Luthans, May, & Walumbwa, 2005). This leadership style can manifest itself in a number of ways, such as leaders taking an active interest in their participants' lives outside of the PA context, struggles, and triumphs. Conversely, authentic leaders often seek to build deeper connections with followers by sharing their own personal experiences, including difficulties and achievements. By presenting their own stories, and encouraging participants' to share their entire selves, authentic leaders are able to move beyond traditional barriers to activity and engage participants that may not otherwise participate. Therefore, it was hypothesized that:

H1: Authentic leadership will be positively related to body weight inclusivity in PA.

Culture of Inclusion. Cunningham and Singer (2009) argued that, within sport organizations, a cultural commitment to diversity was important to developing and sustaining inclusion for marginalized individuals. Ferdman (2014) defines inclusion,

noting that it, “involves how well organizations and their members fully connect with, engage, and utilize people across all types of differences,” (p. 4). To this end, he notes that truly inclusive organizations go beyond simple accessibility, and actively engage in practices designed to engage and welcome people of all types. Therefore, individuals must be made to feel welcome in a space, rather than simply have access to participation. Kasser and Lytle (2013) supported these ideas in the PA context, noting the importance of a philosophy of inclusion and respect in developing spaces that were welcoming to a diverse set of individuals. In particular, they note the importance of strategies such as diversity training for staff and the creation and enforcement of body inclusive policies. While their work was primarily centered on providing PA outlets for individuals with physical disabilities, the logic can be extended to weight stigma as well. Therefore, the second hypothesis stated:

H2: Presence of a culture of inclusion will be positively related to body weight inclusivity in PA.

Health Focus. Given the rates with which individuals in larger bodies avoid PA, particularly in public spaces, several scholars have suggested that a focus on health, rather than weight loss and body transformation, is needed to (re)engage these individuals (e.g., Bacon, 2010; Bacon & Aphramor, 2011; Cunningham & Woods, 2011; Mansfield & Rich, 2013). To this end, Cunningham and Woods (2011) found that individuals perceived fitness centers that marketed health and wellness outcomes more positively than outlets that marketed weight loss and aesthetic changes of participants. Further, Bacon et al. (2002) found that individuals who engaged in healthy activities and

habits (e.g., eating a balanced diet, regular PA participation) exhibited better overall health than individuals who engaged in more extreme methods that promoted weight loss. Commenting on the need for welcoming PA spaces, Mansfield and Rich (2013) wrote:

an alternative to weight loss and anti-fat models that create inclusive movement environments, defined and enjoyed by participants and based on intuitive engagement with bodily activity irrespective of body size and shape. (p. 366)

It was, therefore, hypothesized that:

H3: A health focus will be positively related to body weight inclusivity in PA.

Inclusive Language. Language is an important component of any plan to promote diversity and inclusion, particularly with regards to the words or phrases that are used to describe individuals (Arneson, Mietola, & Lahelma, 2007). Historically, language has been used to create in-groups and out-groups with differing levels of power within a social hierarchy. Women, racial minorities, individuals with cognitive or physical disabilities, sexual and gender identity minorities, and others have all faced discrimination through language (Foreman, 2005; Parks & Robertson, 2002; Sniezek & Jazwinski, 1986; Weinberg, 2009). With regard to body weight and adiposity, language is particularly difficult, given the medicalization of terms that are both inaccurate and offensive (Wann, 2009). The two most common terms to describe those in larger bodies, “overweight” and “obese,” are largely accepted given their continued use within the medical community. However, “overweight” is problematic in that it implies a specific weight that each individual, regardless of other biological, health, or social factors,

should maintain. Similarly, the etymological roots of “obese” relate to an individual who overeats; given the multi-faceted nature of body weight, this term is simply incorrect.

Within the PA context, language is particularly important, as the general societal beliefs about fat marginalize fat people. Thus, PA spaces that discourage such terminology regarding body weight, and instead promote language that celebrates body diversity are likely to better engage these individuals. Therefore, the next hypothesis posited:

H4: Inclusive language will be positively related to body weight inclusivity in PA.

Leader Activism. Cunningham (2015) noted that within sport and PA settings, leaders’ advocacy for participants related to a more inclusive environment. In particular, he examined the ways that leaders’ support for sexual and gender minorities within their organizations helped develop more inclusive spaces. The leader’s defense of marginalized others is likely to make followers feel safe and welcome in a space, particularly when they themselves have one or more marginalized identities. Therefore, as leaders engage in greater levels of advocacy for individuals, they help model and reinforce a culture of inclusion that allows those that are often left out of PA to participate and flourish (Avery, 2011). Interestingly, perceptions of leaders as advocates tend to transcend a single domain or context. That is, individuals who perceive leaders as advocates for a particular marginalized group (e.g., sexual minorities) are likely to extend that logic to other identities (e.g., fatness), including their own. Thus, it was further hypothesized that:

H5: Leader activism will be positively related to body weight inclusivity in PA.

Sense of Community. In their early work, McMillan and Chavis (1986) defined sense of community, “as a feeling that members have belonging, a feeling that members matter to one another and to the group, and a shared faith that members’ needs will be met through their commitment to be together,” (p. 9). For marginalized individuals, finding a sense of community among like-minded others can lead to improved self-concept, pride, and support (Crocker & Major, 1989; Francis, Giles-Corti, Wood, & Knuiman, 2012). Warner and Dixon (2011) outlined the ways that sport and PA are often tasked with creating a sense of community and social ties among individuals. The resulting scale, developed from this early work, examines seven dimensions of community in sport organizations, including social spaces and common interests of participants (Warner, Kerwin, & Walker, 2013). More recently, it has been noted that sense of community is not simply an outcome of PA participation, but also serves as an antecedent to progress towards individual fitness goals and perceived value in that activity (Pickett, Goldsmith, Damon, & Walker, in press). The deeply held cultural beliefs about the controllability of one’s body weight often preclude the development of such communities for those in larger bodies (Schmalz, 2010). Therefore, organizations that intentionally engage individuals of size through the development of strong communal ties would likely be operating in a novel and powerful manner. Thus, the final hypothesis surrounding the composite dimensions of body weight inclusivity stated:

H6: Sense of community will be positively related to body weight inclusivity in PA.

Outcomes of Body Weight Inclusivity

I also expected inclusive PA spaces to affect a number of outcomes for participants, including one's identification with the activity and both physical and psychological health. The proposed relationships are outlined below.

Physical and Psychological Health. Participation in regular PA has a number of well-documented health benefits (see, for reviews, Blair et al., 1993; Warburton, Nicol, & Bredin, 2006). As examples, regular exercise has been linked to reduced incidence rates of certain cancers, cardiovascular disease, diabetes, and osteoporosis, among other conditions (Vina, Sanchis-Gomar, Martinez-Bello, & Gomes-Cabrera, 2012; Warburton, Nicol, & Bredin, 2006). Most importantly, being physically inactive is strongly correlated with morbidity and mortality (Blair & Brodney, 1999). While being inactive is related to a number of medical conditions, beginning an exercise regimen and engaging in more PA are likely to improve these conditions and reduce the risk of acquiring them (Vina, Sanchis-Gomar, Martinez-Bello, & Gomes-Cabrera, 2012). Of particular interest, the largest overall changes in health related to PA interventions is often seen when a sedentary individual becomes just moderately active (Fletcher, et al., 1996). Given the cultural stigmatization of fat bodies in PA spaces, body-inclusive spaces should be more likely to engage individuals at this lowest level of participation and encourage more regular participation, leading to improved physical health. Thus, it was hypothesized that:

H7: Body weight inclusivity of PA spaces will be positively related to physical health of participants.

Further, regular exercise has been linked to a number of positive psychological health outcomes (Buckworth, Dishman, O'Connor, & Tomporowski, 2013). For example, PA participation has been linked to improved cognitive function (Tseng, Gau, & Lou, 2011). In one review of literature surrounding the effects of exercise on psychological health, Penedo and Dahn (2005) found that those that engage in regular PA experienced better overall mental well-being than those that did not, in every study reviewed. Further, increases in PA are linked to reduced depression and anxiety levels, and improved mood, irrespective of sex, age, or socioeconomic status (Stephens, 1988). Consistent with these findings, the next hypothesis is:

H8: Body weight inclusivity of PA spaces will be positively related to psychological health of participants.

Activity Identification. Individuals constantly develop and refine their social identities, by which they can improve their self-concept (Tajfel & Turner, 1986). Time spent in an activity influences this, as individuals who engage in an activity for extended periods of time often begin to associate their personal identities with that activity or function. Randel and Jaussi (2003) expanded this notion, arguing that individuals that perceive themselves as closely aligned to a function or task with which they are regularly involved are likely to experience improved self-esteem related to that task. This has further been expanded into the realm of sport and PA (see, for example, Cunningham, Choi, & Sagas, 2008), in which an individual can develop a strong identity related to their participation in a particular activity. Thus, as the relationship between inclusive spaces and health outcomes could be due to people spending more time in PA,

and this extended participation is likely due to their enhanced identification with the activity. This reasoning suggests a mediation effect. More formally, I hypothesized:

H9: Activity identification will, at least partially, mediate the relationship between body inclusivity of a PA space and participants' physical (H9a) and psychological (H9b) health.

Method

The current study followed a multiple-step process to develop and then assess a measure of body inclusivity in PA: (a) the development of body inclusive PA measures, and then (b) the testing of the model presented in Figure 2.

Item Generation and Model Development

Following the method outlined by DeVellis (2012), items were developed and assessed to measure the overall body weight inclusivity of PA outlets. First, I drew from existing literature, or when such literature was absent, developed items, to assess each of the six proposed dimensions of body weight inclusion: (a) Authentic Leadership, (b) Culture of Inclusion, (c) Health Focus, (d) Inclusive Language, (e) Leader Activism, and (f) Sense of Community. Two additional persons familiar with the project then examined the items for face and content validity, with particular attention to encompassing the entirety of the content domain of a construct within the proposed items (DeVellis, 2012).

DeVellis (2012) further notes that a second step, review by an expert panel, is needed to ensure content validity of a measure. I assembled such a panel ($n = 5$) of professors who had published in this area and were not otherwise affiliated with this project to review the 62 items. The panel was provided with an operational definition

and list of the items designed to measure each construct. They were then asked to rate the appropriateness of each item and offer other revisions as needed. Upon review, the pool was narrowed to improve parsimony and ensure that only items with the strongest content and face validity, as determined by the expert panel, remained in the measure. Following the experts' recommendations, specific items were modified to improve language and clarity. After reduction, each dimension of the body weight inclusivity measure maintained multiple measured variable items, per the generally accepted guidelines of SEM (Garver & Mentzer, 1999). Thus, the final measure included 24 items across the six dimensions of body weight inclusivity (4 items per construct, see Table 2).

Data Collection and Sample

Data were collected using through an online recruitment website, Amazon's MTurk. The site is designed to allow researchers' access to a large population of individuals that complete various tasks for a given fee. In the current study, individuals were assigned to complete a short online questionnaire surrounding their PA participation and were compensated upon completion. Individuals were restricted to only completing the task a single time and given a unique identification number upon completion to ensure payment. MTurk was selected for use, as its samples are generally more socioeconomically and ethnically diverse than those collected via other traditional methods, such as student, convenience, or single-site sampling techniques (Buhrmester, Kwang, & Gosling, 2011; Casler, Bickel, & Hackett, 2013). The site also allows for quality assessments of both individual participants and their responses. Following the recommendations of Peer, Vosgerau, and Acquisti (2014), only highly rated individuals

were offered the opportunity to complete the survey, indicated by a previous approval rating of 95% across a minimum of 100 completed tasks. Further, attention check questions were added throughout the document to ensure participants' focus in completing the task (e.g. "Please mark 'Strongly Agree' for this question"). Any participant that incorrectly responded to an attention check question was removed from the study immediately and her or his responses invalidated.

Further, individual participants were screened prior to participating, such that only individuals who had participated in some form of organized group PA within the preceding year were included. Individuals were asked prior to beginning the study if they had participated in a group PA, defined as, "any physical activity in which multiple participants are led through some type of exercise by an instructor. This may include (but is not limited to): group aerobics classes, yoga, CrossFit, power lifting, Zumba, etc." Participants were further asked to identify their primary activity in a free response area. Therefore, individuals participating in a number of different disciplines were included in the study, thus providing the ability to measure body weight inclusive practices and effects on identification and health across PA contexts.

The final sample included 626 usable responses, which included 347 (55.4%) men and 279 (44.6%) women, with participants ranging in age from 18 to 68 years old ($M = 33.66$, $SD = 10.04$). The sample was predominantly composed of individuals that identified as White ($n = 440$, 70.3%), followed by Asian ($n = 90$, 14.4%), Black or African American ($n = 49$, 7.8%), Hispanic or Latino/a ($n = 32$, 5.1%), Native American or Pacific Islander ($n = 8$, 1.3%), and those that chose not to respond or marked "Other"

($n = 7$, 1.1%). Finally, 217 (34.7%) of the population considered themselves to be “overweight,” while the mean Body Mass Index (BMI) was 25.96 ($SD = 6.68$).

Measures

The previously discussed measure of body weight inclusivity (24 items), developed through the first phase of the current project, was given to each participant. Individuals were asked to respond to each item relating to a single, primary activity in which she or he participated. Using a Likert-type response system, ranging from 1 (*strongly disagree*) to 6 (*strongly agree*), individuals were asked the degree to which each statement described the PA space. Individuals were not given the opportunity to respond with a neutral response option (i.e., *neither agree nor disagree*), as not providing a midpoint of a scale has been shown to improve measure reliability and validity evidence (Brace, 2008).

Participants were also asked to complete the General Health Perceptions, Physical Functioning, and Mental Health portions of the MOS 36-Item Short Form Health Survey (SF-36) (Ware & Sherbourne, 1992). This measure is widely used and has been tested and validated multiple times (Brazier et al., 1992; MacHorney, Ware, & Raczek, 1993) and translated to more than 40 languages for use (Ware, 1999). Further, participants were provided items adapted from Randel and Jaussi (2003) to assess identity attachment to PA participation. While the original scale items related to an individual’s functional identity, the current scale adapted items to match the PA context (e.g., “In general, participating in this physical activity is an important part of my self-

image,”). Finally, individuals were asked to provide the demographic information provided above.

Results

Prior to running the model outlined above, I ran preliminary analyses of the data, including bivariate correlations of the latent constructs. There were three latent variables with moderately high bivariate correlations to each other (Authentic Leadership, Leader Activism, and Sense of Community), which warranted further investigation to ensure that collinearity would not be problematic in the model. Therefore, I computed the Variance Inflation Factor (VIF) of these variables in relation to each other (2.46, 2.35, and 2.52, respectively). Each of the VIF values fell below the problematic level (10) suggested by Kline (2011). Further, I computed tolerance statistic for each of the variables in question (.41, .43, and .40, respectively) which were all larger than the minimum value of .10 (Kline, 2011). Thus, I determined that multicollinearity was not an issue and proceeded with further analyses.

Confirmatory Fit

I first computed a confirmatory factor analysis (CFA) to assess the factor validity evidence of the measures. As the health constructs had many item indicators, I formed three-item parcels for each latent variable, where parcels represent “an aggregate-level indicator comprised of the sum (or average) of two or more items, responses or behaviors” (Little, Cunningham, Shahar, & Widaman, 2002, p. 152). I also specified body weight inclusivity as a second order latent variable, with the latent variables of each of the inclusion factors serving as item indicators.

Following the recommendations of Garver and Mentzer (1999), the comparative fit index (CFI), Tucker-Lewis index (TLI)⁵, and root mean squared error of approximation (RMSEA) were used to assess global fit of the model. These indices are suggested because they meet the three criteria for fit indices proposed by Marsh, Balla, and McDonald (1988), who note that indices should not be greatly affected by sample size, should be accurate and consistent across studies and samples, and be easily interpretable due to a well-defined range of possible values. I also included the parsimonious normed fit index (PNFI), as this measure offers correction for overly complex models (Hooper, Coughlan, & Mullen, 2008). CFI and TLI values greater than or equal to .90, and RMSEA values less than or equal to .06, demonstrate strong model fit to the data (Hu & Bentler, 1999). PNFI was evaluated in conjunction with the preceding indices, noting that values can range dramatically (from as low as .50 to as high as .99) within good fitting models, but that higher values indicate better model fit (Mulaik et al., 1989)⁶.

The model showed moderate fit to the data, based on the aforementioned indices of fit: $\chi^2 (n = 626, df = 483) = 1836.04, p < .001$, CFI = .90, TLI = .89, RMSEA = .07 (90% CI: .06, .07), PNFI = .80. After examining modification indices, constraints on two sets of item error variance were freed to allow correlation between them (Authentic Leadership 2 with Authentic Leadership 3, Health Focus 2 with Health Focus 3). In both cases, the items were closely worded and theoretically associated, which would indicate

⁵ The Tucker-Lewis Index is often referred to as the Non-Normed Fit Index (NNFI).

⁶ Given the wide range of values that PNFI can take within otherwise good-fitting models, it does not have a generally accepted threshold value and should only be evaluated in conjunction with other goodness-of-fit indices (Hooper, Coughlan, & Mullen, 2008).

that the error for one item was likely correlated to the error in the other. After these adjustments, calculations were run again for the measurement model. Fit statistics for the revised model were acceptable: $\chi^2 (n = 626, df = 481) = 1685.75, p < .001, CFI = .91, TLI = .90, RMSEA = .06$ (90% CI: .06, .07), PNFI = .80. The chi-square difference test showed the revised model was a statistically significant better fit: $\Delta \chi^2 = 150.29, \Delta df = 2, p < .001$. Therefore, this structure was accepted.

Descriptive Statistics

Given the validity evidence demonstrated by the CFA, I then computed means, standard deviations, bivariate correlations, and reliability coefficients. As seen in Table 3, all measures demonstrated acceptable reliability. The PA inclusion variables were significantly related to one another and many of the outcome variables.

Hypothesis Testing

SEM was then used to evaluate the model with directional relationships specified (see Figure 1) to test the hypotheses previously discussed. In particular, the structural model specified inclusivity as an antecedent to physical and psychological health, with activity identification mediating these relationships. First, a fully mediated model was tested, and showed good fit to the model: $\chi^2 (n = 626, df = 484) = 1776.77, p < .001, CFI = .91, TLI = .90, RMSEA = .07$ (90% CI: .06, .07), PNFI = .80. Following Thompson's (2000) suggestion, plausible rival models were tested, including a model of partial mediation. Fit statistics of the partially mediated model (Figure 2), indicated a statistically significant better overall fit to the fully mediated model across indices: $\chi^2 (n = 626, df = 482) = 1719.38, p < .001, CFI = .91, TLI = .90, RMSEA = .06$ (90% CI: .06,

.07), PNFI = .80. A chi-square difference test indicated that the second, partially mediated model represented significantly better fit to the data: $\Delta \chi^2 = 57.39$, $\Delta df = 2$, $p < .001$. Given the statistically significant improvement of the partial mediation model, it was accepted over the full mediation model.

Hypotheses 1-6 predicted that each of the stated dimensions would be positively related to the underlying latent variable of body weight inclusivity. Each of these was supported, given the strong relationships between each dimension and the construct (β values ranged from .68 to .92, $p < .001$), which can be found in Figure 2.

The next set of hypotheses predicted that body weight inclusivity would directly and positively influence individuals' physical (H7) and psychological (H8) health. Both hypotheses were supported ($\beta = .24$ and $.32$, $p < .001$, respectively).

The final set of hypotheses posited that activity identification would, at least partially, mediate the relationships between body weight inclusivity and physical and psychological health (H9a and H9b, respectively). Three conditions are necessary for mediation to occur: (1) that the exogenous variable significantly relates to the mediating variable, (2) that the relationship between the mediating variable and endogenous variable is significant, and (3) that the direct effect of the endogenous variable on the exogenous variable is reduced but still significant (partial mediation) or no longer significant (full mediation) with the addition of the mediating variable (Judd & Kenny, 1981). Hypothesis 9a was not supported as the relationship between the mediator (activity identification) and endogenous variable (physical health) was not statistically significant. However, hypothesis 9b was supported, as all three stated conditions were

met, such that the relationship between body weight inclusivity and psychological health was mediated by activity identification. Given that the direct effect of the exogenous variable (body weight inclusivity) on the endogenous variable (psychological health) remained significant, support was only given for partial mediation.

Further Exploratory Analyses

There were other dynamics in the data that may warrant further testing, as certain demographic and variables may affect the model itself in a number of ways. First, future research may examine the invariance of the model using samples made up of individuals that identify as “Overweight” exclusively. In the current data, there were significant differences between fat identifying and non-fat identifying individuals on each of the latent health variables tested in the model. For the current sample, thin individuals demonstrated higher overall physical health ($F = 14.61, p < .001, R^2 = .02$).

Interestingly, fat individuals demonstrated higher psychological health than thin individuals in the current study ($F = 8.43, p < .001, R^2 = .11$). Further, fat identifying individuals reported experiencing lower levels of Sense of Community in the current sample than their thin counterparts ($F = 6.57, p = .011, R^2 = .01$).

Further, there were gender dynamics that may warrant further evaluation, as women rated their exercise facilities higher across a number of the dimensions of inclusivity tested: Culture of Inclusion ($F = 8.16, p = .004, R^2 = .01$), Inclusive Language ($F = 18.85, p < .001, R^2 = .03$), Leader Activism ($F = 5.22, p = .023, R^2 = .01$), and Health Focus ($F = 25.31, p < .001, R^2 = .04$). Given the gendered dynamics of wider society, this may suggest that women are already engaging in spaces that are more

inclusive in nature. This also may suggest that the strategies employed to increase inclusivity should take these gender dynamics into account. That is, certain strategies may be more effective in attracting women than men, and vice versa.

There was also one interesting racial dynamic in the current dataset, which was that Asian participants had the lowest overall rating of physical health. This difference was significantly lower than both the Hispanic/ Latina(o) group ($p = .011$) and Whites ($p < .001$). Therefore, it may also be of interest to explore the cultural and racial dynamics that define the ways that individuals perceive their own individual physical health.

Discussion

The purpose of this study was two-fold. First, a six-factor measurement tool for body inclusivity in PA was developed and tested. Support was found for strong relationships between each of these factors and overall body weight inclusivity of a PA space. Second, SEM was used to test the effects of inclusivity on the physical and psychological health of participants, through a mediated relationship with activity identification. These findings are particularly important to sport management theory and practice (see, Henderson, 2009; Zeigler, 2007), given the current PA landscape, in which a large number of people experience body shaming and stigma when they participate, or choose not to participate entirely out of fear of experiencing such.

The structural nature of a number of these dimensions of inclusive spaces points to the importance of sport managers in developing spaces that encourage greater body diversity and acceptance. This means making an intentional effort to develop *a culture of inclusion*, in which each participant knows and understand that prejudice and

discrimination against any type of body is not tolerated. In particular, it is important for individuals, including staff, to use more *body positive language* and understand that many of the terms and ideas that pervade modern culture are exclusive and damaging to those in larger bodies (Boero, 2007; Burgard, 2009). As such, fat studies literature has noted the problematic nature of two commonly accepted terms, “overweight” and “obese,” as creating arbitrary and unrealistic expectations on all individuals’ bodies based on the norms of others’ bodies and containing incorrect assumptions in their definitions. Other euphemisms, such as “plump,” can also be problematic, as they create a fake, forced positivity regarding body type (Wann, 2009). Therefore, our data suggest that statements directly related to an individual’s body size can be problematic. Thus, when referring to an individual’s body size is necessary, managers should use only neutral terminology to create a more inclusive environment. Our data further point to the importance of a *focus on health*, rather than weight loss, in creating inclusive PA (Robison, 2005). Creating a focus on movement and healthful activity, rather than encouraging diets, supplements, and extreme exercise regimens, was related to greater overall body inclusivity.

Further, the current study highlights the importance of authentic and protective leaders in creating body inclusive spaces (Boekhorst, 2015). The *authentic leadership* and *leader activism* dimensions held the strong relationships with overall body inclusivity. The instrument, in particular, noted that authentic leaders seek to create deep and meaningful relationships with participants, through a process of learning about the participant and the leader sharing his or her own struggles and experiences (Luthans,

Norman & Hughes, 2006). These deeper relationships encourage participation over time, as participants perceive the investment of leaders into their personal lives and health. Consistent with previous literature (e.g., Avery, 2011; Cunningham, 2015a) leaders activism, defined and tested as a willingness to defend marginalized others, including their members, was a strong driver of inclusivity. Finally, spaces that fostered a stronger *sense of community*, in which participants were able and encouraged to engage with others was similarly related to inclusion. As such, felt sense of community has been noted as a positive outcome of sport and PA participation, particularly in terms of developing deeper social ties, improving individuals' perceived progress, and overall value of their experience (Pickett, Goldsmith, Damon, & Walker, in press; Warner, Dixon, & Chalip, 2012).

Importantly, I also examined outcomes of inclusive spaces. Results show inclusivity was significantly and positively related to both physical and psychological health. While the relationship was smaller for physical health, with the model only explaining 5.0% of the variance in physical health, the effect for psychological health (15.5%) was larger. The latter is a large portion of variance explained in the social sciences (Cohen, 1988). Individuals who participated in more inclusive environments, therefore, exhibited better overall health than those in more traditional and exclusive environments.

Further, the relationship of inclusivity to psychological health was partially mediated by individuals' identification with the activity. That is, those in more inclusive spaces were more likely to perceive the activity as central to their lives and identify

themselves as participants of the activity. This relationship suggests that individuals who experience inclusion and acceptance may feel a greater sense of belonging and connectedness and become more likely to adhere over time. Activity identification could, however, also be examined as its own outcome of inclusivity, in which individuals' positive mindset regarding an activity is developed by inclusive spaces, particularly given that the current model explains 26.9% of the observed variance in identification with only inclusivity as a predictor.

Contributions, Limitations, and Future Research

This study offers several important contributions to the existing body of literature. First, it notes the interdisciplinary nature of sport management as a field, specifically addressing the intersections of sport and PA participation (Henderson, 2009, Zeigler, 2007). As many individuals engage in healthy PA through sport participation, strategies and interventions that encourage greater engagement of these persons represent an important segment of the field. Secondly, the current research examined specific outcomes of inclusive practices, such that inclusivity had positive effects on activity identification and physical and psychological health of participants. Cunningham (2015) noted the importance of documenting the benefits of diversity and inclusion, as coaches and managers are more likely to act and create change when presented with such evidence. Finally, the current study was performed on a large, non-student sample, thereby avoiding many of the weaknesses of studies performed on student or convenience samples.

While there are many contributions, the study did have potential limitations. In particular, this study relied on self-report measures of health and activity, which were not observed directly by the researcher. Further, the cross sectional nature of this study limits the potential findings as related to health outcomes. Future researchers could address these two limitations through experimental work with objective measures of health or by adopting a longitudinal design. Finally, while this study examined health outcomes related to participation in inclusive spaces, it did not directly measure adherence or regular participation in the activity. For organizations that provide PA services, regular adherence of participants is the primary driver of revenue. Therefore, future studies could focus on the organizational outcomes related to greater body inclusion in such settings, with a particular focus on variables that more directly affect the financial bottom line for organizations.

Taken together, the findings of this study suggest a number of strategies that are effective in developing body weight inclusivity in PA spaces and suggest that there are positive overall health related outcomes related to doing so. Therefore, sport managers seeking to engage a larger, and more diverse, group of participants should seek to create inclusive spaces through the strategies outlined previously, thereby encouraging participation and improving overall health.

CHAPTER V

GENERAL DISCUSSION AND CONCLUSION

In the current dissertation research, I explored the complex relationships between body weight, stigma, health, and PA participation, arguing for the creation of more inclusive spaces that encourage adherence in healthful PA for those in larger bodies. Body idealizations in modern Western culture, which prize only thin and muscular bodies, serve to marginalize individuals in fat bodies (Gard & Wright, 2005). As such, fat individuals report facing bias in almost every facet of daily life, including their workplaces, public spaces, and even doctors' offices (Bacon, 2010; Gard & Wright, 2005; Puhl & Latner, 2007; Rudolph, Wells, Weller & Baltes, 2009). Given the constant barrage of anti-fat messaging and stigmatizing experiences these individuals face, it is not surprising those in larger bodies also exhibit high levels of anxiety, depression, and feelings of social isolation (Friedman et al., 2005; Myers & Rosen, 1999). Central to this dissertation work, it is also noted anti-fat biases are particularly strong in PA spaces, in which all bodies are scrutinized and only a select few praised (Schmalz, 2010).

While it is well established people of all body types and sizes benefit from regular PA (see, for a review, Warburton, Nicol, & Bredin, 2006), individuals in larger bodies are often left out in the current sport and PA landscape. Further, fat individuals are often seen as unfit, uncoordinated, lazy, incapable, and unwelcome in PA settings (Schmalz, 2010). Unfortunately, but not surprisingly, the stigma of having a fat body in a fitness setting often leads individuals to avoid PA participation altogether (Ball,

Crawford, & Owen, 2000; Storch et al., 2007; Vartanian & Shaprow, 2008). While some individuals do attempt to maintain a healthful PA regimen at home, these individuals exert less energy per session and are less likely to adhere to their regimen over time than those that participate in a more public setting (Cyarto, Brown, Marshall, & Trost 2006). Therefore, in the current dissertation work, I argued for a new model of sport and PA that is inclusive to individuals of all body types, rather than a select thinner and more muscular clientele.

In Chapter II, I developed a model of inclusive PA spaces for individuals of all body types. Drawing from several bodies of literature, including sport management, disability studies, fat studies, community health, and social psychology, I developed a six-factor model of body inclusive spaces. This model noted the importance of the six factors, which were refined and tested in subsequent studies, in creating spaces that celebrated body diversity through inclusive activity. These factors included: a cultural commitment to inclusion, leadership buy-in to inclusion, aspects of the physical space, inclusive language, a sense of community, and participant autonomy in the space. In the model, I also included several positive outcomes of increased levels of body inclusivity. In particular, I noted inclusive spaces would encourage higher levels of activity identification among participants, which would then lead to increased physical and psychological wellbeing for participants. Thus, I argued sport managers, given their role in developing and providing access to PA, should concern themselves with creating more inclusive spaces for those in larger bodies who are often stigmatized and left out.

The model of body inclusivity in PA was further refined through the qualitative study in Chapter III. In this study, I examined the dynamics of explicitly body inclusive yoga spaces from the perspective of their leaders. Several of the inclusive factors outlined in the previous study were supported by the participants in this study. In particular, body-positive yoga instructors stressed the importance of a sense of community, authentic leadership styles, an explicit cultural commitment to body diversity, and inclusive language as important aspects of their businesses. Two new factors were added to the model of body inclusive spaces: a health focus and leader activism. I argue that these six factors have contributed to the success of the growing body inclusive yoga movement. Given that each of these instructors had personally experienced body shaming and anti-fat biases, they collectively stressed the importance of intentionality in creating inclusive spaces. That is, the cultural messages surrounding body weight and size are so pervasive, many individuals do not even realize their own prejudices or discriminatory behaviors. Therefore, those seeking to create stigma free spaces must be intentional and explicit through each of the strategies outlined above.

In Chapter IV, I sought to develop and test a measure of body inclusivity in PA, and the resulting health outcomes for participants in inclusive spaces. First, with the help of a panel of content experts, I developed a scale to test inclusion. This measure was then validated using a sample of individuals participating in a number of sport and PA outlets. Each of the six factors hypothesized (cultural commitment, authentic leadership, health focus, inclusive language, sense of community, and leader activism) was positively related to body inclusivity within the sample. Further, I tested relationships

between felt inclusion and individuals' identification with the specific activity and overall health. Using structural equation modeling (SEM), I found individuals that experienced higher levels of inclusion in their PA space also considered that activity to be more central to their sense of self, or had a greater identify with the activity. Body inclusivity was significantly related to improved physical and psychological health of participants. Given that individuals often avoid PA participation due to body stigmatization in these spaces, these results are of particular importance. Current federal guidelines recommend that individuals engage in 150 minutes of moderate or vigorous PA each week (Health.gov, 2016). Thus, effective strategies to improve individuals' experiences and attraction to activity are vital to increasing participation rates and helping individuals reach these goals. In the current study, my findings suggested that individuals in more inclusive spaces did, in fact, realize important gains in their overall health and wellbeing.

Contributions

This dissertation research has a number of important contributions to the body of literature surrounding bodies, stigmatization, PA, and health. Previous research has examined aspects of race, sex, physical (dis)ability, sexual and gender identity, age, and socioeconomic status, among other dimensions of diversity and inclusion in sport management (see, for examples, Carrington, 2010; Cottingham et al., 2014; Cunningham, 2015b; Fink, 2016). However, there are relatively few sport management studies examining the tenuous relationship of sport and PA to body weight (e.g., Sartore & Cunningham, 2007). Thus, this dissertation work begins to address a salient

dimension of diversity that is often overlooked in the current sport management literature.

Furthermore, this work used multiple methods and literature bases to develop the model of body inclusivity in sport and PA. This is important, as implicit biases and methodological preferences of particular researchers can lead them to avoid or overlook addressing particular questions or strategies that are important to those affected by their work. By first assembling a model out of a number of disciplines and then performing a qualitative study that allowed those engaged in this work to express, in their own words, the factors contributing to inclusivity, I was able to better understand dynamics that I would have otherwise missed, and to adjust the resulting model accordingly. Thus, this work inserts the voices of those who work to combat body stigma in PA on a daily basis into the scholarly conversation. Additionally, this work provides sport management scholars with a workable tool to measure body inclusivity in sport and PA. As the national conversation surrounding body weight, health, and PA continues to grow, so too should the scholarly study of these relationships.

Finally, this dissertation work expands the literature by providing empirical support to the theoretical argument that increased levels of inclusion lead to positive health outcomes for PA participants. Sport managers may not engage in diversity related initiatives based solely on moral or idealistic motives (see Fink & Pastore, 1999). Therefore, studies that show positive outcomes (e.g. improved activity identification and overall health) of diversity and inclusion are important in convincing managers to act

and develop such spaces. Thus, this dissertation work offers a number of unique contributions to the sport management literature.

Implications

The findings of this dissertation work have important implications for future research and for practicing sport and PA managers. New participant engagement and repeated adherence of current participants are both important factors to the success of recreational sport organizations. This work points to the importance of inclusive activities in engaging those in larger bodies. Given that these individuals are often underserved or not engaged in PA, they represent an important market segment for potential industry growth. Individuals that are classified as overweight or obese represent a majority of the population in Western countries, but have relatively little access to PA participation due to the stigmatization of their bodies in these spaces. Outlets that seek to engage these persons have the potential to access a largely untapped market, full of individuals seeking healthful activity but seemingly without proper avenues to participate. Many of the leaders in Study 2 indicated their body inclusive yoga classes often sold out quickly, and demand for their services was greater than what they could feasibly supply. Several of these leaders also have online followings numbering in the thousands, full of individuals seeking body-positive activity communities that are not available to them in their geographic areas. This points to not only economic viability, but also true growth opportunities for sport and PA organizations that actively engage fat individuals.

However, recreational sport managers may not solely define the success of programs through their economic gains, but rather by the extent to which they improve the lives of their participants. The current dissertation research offers insights into the ways that inclusive PA spaces improved the physical and psychological health of their participants, as well as the extent to which individuals identified with the activity. This work suggests that sport managers can have a positive effect on the health and wellbeing of participants, particularly those in larger bodies, by creating spaces in which individuals feel they belong and are welcomed. This is an important outcome of PA participation, particularly given the emerging centrality of discussions related to health and wellbeing in modern society.

Finally, for managers seeking to engage fat individuals into their activities, this work offers a number of effective strategies to doing so. Sport managers may not be able to immediately remove deeply held societal biases from their spaces, but this work offers several places to begin this important work. In particular, I argue that each of the six dimensions of body inclusive organizations presented previously are actionable recommendations for sport and PA organizers. By addressing each of these strategies in some manner, organizers can create more welcoming spaces.

First, organizations, for example, may create an explicit mantra for body inclusion (or, conversely, against fat shaming). By creating a culture of inclusion, organizations will signal to all members, not just those in larger bodies, that discrimination and judgment are not tolerated. While this culture of inclusion is beneficial to members of all body types, it is particularly important in that it can engage

individuals that are often marginalized in PA spaces. In particular, an explicitly body inclusive culture may attract and prove beneficial for those in larger bodies; however, those in other types of nonconforming bodies may also benefit (e.g., those with physical disabilities).

Further, the model suggests that PA managers should seek to create spaces in which individuals can interact and develop social ties, thereby contributing to a felt sense of community among participants. Having shared experiences, particularly in a space that may be otherwise unwelcoming, can help individuals feel that they belong and contribute to repeated participation and adherence. In particular, I examined the social spaces and shared interest dimensions of community (as conceptualized by Warner, Kerwin, and Walker, 2011), suggesting that gathering individuals into a physical space designed to increase interaction is important. Having a room or area that individuals can socialize before or after participating in PA may encourage greater social cohesion and interaction.

The current model further suggested the importance of leaders in creating more inclusive spaces. In particular, I argue that managers demonstrating an authentic leadership style are important in creating an inclusive environment. That is, managers and other leaders may seek to share their own experiences or get to know participants on a deeper and more genuine level, rather than the superficial (and highly visible) level of size. By engaging with participants, making them feel valued and welcomed in a space, leaders can encourage individuals (regardless of body type) to continue to participate in PA. Further, this type of interaction may be contrary to the preconceived ideas that those

in larger bodies may have about PA spaces and personnel. That is, those in larger bodies often avoid PA because they expect to be judged and/ or ignored in exercise spaces. By engaging these individuals on a personal level, managers can help to break these negative assumptions and expectations that individuals have about their place in a PA space. Therefore, authentic leadership, in which managers and staff take an active interest in their participants is important in engaging those in larger bodies to participate.

Further, these leaders can take a visible stand to protect their members and others that are marginalized in wider society, thereby demonstrating their commitment to inclusion for everyone in their facility. Participants in the current research were cognizant of the activism of leaders in their PA spaces, again noting the importance of explicit symbols and messages of inclusion for participants. By committing to protecting participants (and others) from judgment, shaming, and discrimination, leaders can signal support for those that may otherwise be reticent to engage in a traditionally hostile space. Interestingly, leader activism in other contexts or for other causes can serve to create more body inclusive spaces. That is, activism for any marginalized other (e.g., sexual and gender identity minorities, racial minorities, those affected by homelessness, etc.) can demonstrate a leader's commitment to ensuring that all people are important and welcome in their PA space, including those in larger bodies.

Organizations should also be cognizant of the importance of inclusive language, particularly given the very hostile messages that those in larger bodies experience on a daily basis. In particular, staff and organizational messages should seek to eliminate comparative language that creates hierarchies of bodies, in which certain bodies are

prized while others are shamed. As noted in fat studies literature, the currently popular terms, “overweight” and “obese” are both problematic, in that they attribute unrealistic standards, mutability, and improper causal statements onto fat bodies and individuals. Therefore, these terms should also be avoided. Marginalized individuals are often cognizant of the language that others use, particularly in reference to the identities for which they are marginalized, as subtle cues regarding their sentiments towards different others. Therefore, it is suggested that organizations and those working in PA are careful in the words that they choose to use when referencing bodies, particularly fat bodies, so as not to further alienate those that are already often made uncomfortable in such spaces.

Finally, sport and PA leaders and organizations can create a more welcoming environment by stressing a focus on healthy activity, rather than one of body conformity and weight loss. By encouraging a goal that is achievable by all (i.e., improved health), organizations do not exclude those that may never achieve the thinness or muscularity often seen on television and in magazines. People engage in PA for a number of reasons, including improvements to health, as a social outlet, and simply to experience the joy of movement. Each of these reasons has intrinsic positive value for all people, without imposing expectations or standards that may only be experienced by a few. Further, all individuals benefit from engaging in a healthy amount of PA and movement. Therefore, spaces should seek to encourage this positive mentality, of engaging in PA to be healthy, rather than the negative, unattainable, and shaming mindset of body conformity and weight loss.

Employing these strategies will allow organizations to develop new relationships with individuals that otherwise may not have become involved in PA, and encourage the long-term continued adherence of individuals that already participate. Together, these dimensions of inclusivity offer a number of strategies to sport organizations seeking to engage a larger, and more body diverse, clientele. Therefore, the current work has a number of practical applications for practitioners in sport and PA outlets. Each of these strategies provides a relatively simple step to engaging new and often marginalized individuals into activity, thereby providing them access to healthful activity and the benefits of participation.

Future Research

As with all research studies, the current project could be expanded in a number of ways. First, researchers should explore the relationships of body weight stigma related to instructors. Many of the participants in Study 2 noted the importance of their own presence in attracting clients in larger bodies. However, previous literature suggests that individuals in larger bodies are seen as incapable in fitness settings and are less likely to be seen as competent instructors. These dynamics, should, therefore be explored as instructors are likely to face increased levels of stigma, but are also necessary in attracting more body diverse participants.

Further, one's body identity is only one of a number of different aspects that make up the totality of their person. That is, a fat woman of color is not only fat, but also simultaneously has the lived experiences of being a woman, being a person of color, and any number of other identities. Research has shown that possessing certain individual

identities can afford a person more or less social capital (hooks, 1981). For example, racial minorities continue to experience prejudice and discrimination in modern society. Thus, an individual that is both fat and black, for example, would experience reduced social capital for both hers or his body size and race. This double jeopardy of having multiple marginalized identities can affect the ways in which an individual views social and physical activities. Therefore, future studies should examine the intersectional nature of the relationships between body weight, other marginalized identities, and PA participation.

Finally, the current research did not classify individuals based on their body size or weight, but rather examined the effects of inclusivity for the overall health for all participants. Future studies may examine the different ways that each factor of the model works specifically for those in larger bodies, as well as the overall health outcomes specifically for this group. It may also be of interest to examine differences in the efficacy of each strategy and resulting outcomes between groups of differing body size.

Conclusion

At the outset, I designed this dissertation to examine the complex relationships between body weight stigma, the creation of inclusive PA spaces, and the ability of these spaces to improve the health of participants. The findings suggest a number of strategies to create truly body inclusive sport and PA spaces that encourage participation for individuals of varying body types. Additionally, this work provided support for a link between inclusion and improved wellbeing for participants, particularly with respect to their identification as athletes and physical and psychological health. Hopefully, this

work will serve as an important contribution that increases the scholarly discussion of body weight and PA in the field of sport management. This research is necessary, given the importance of activity participation in the overall health of individuals. In sum, this work further supports the simple notion that organizations intentionally seeking to engage more individuals to participate, despite differences among them, often do just that.

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APPENDIX
FIGURES AND TABLES

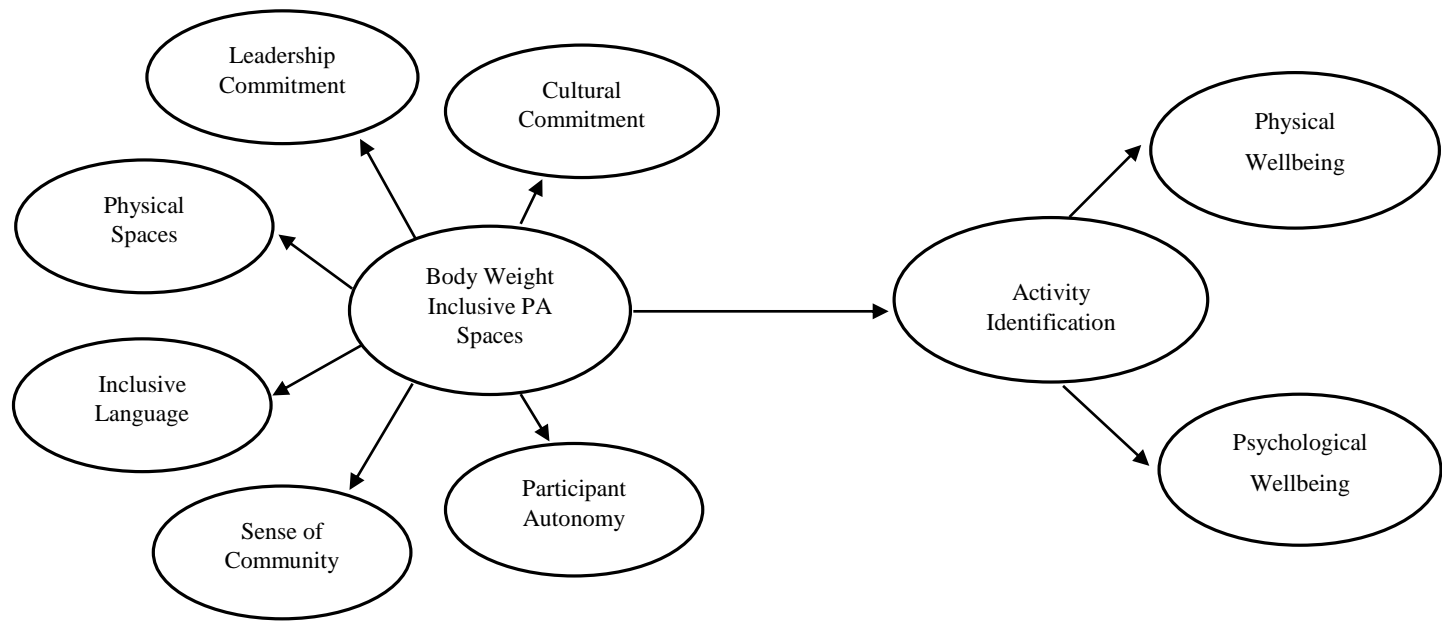


Figure 1. Conceptual Model of Body Weight Inclusive PA Spaces

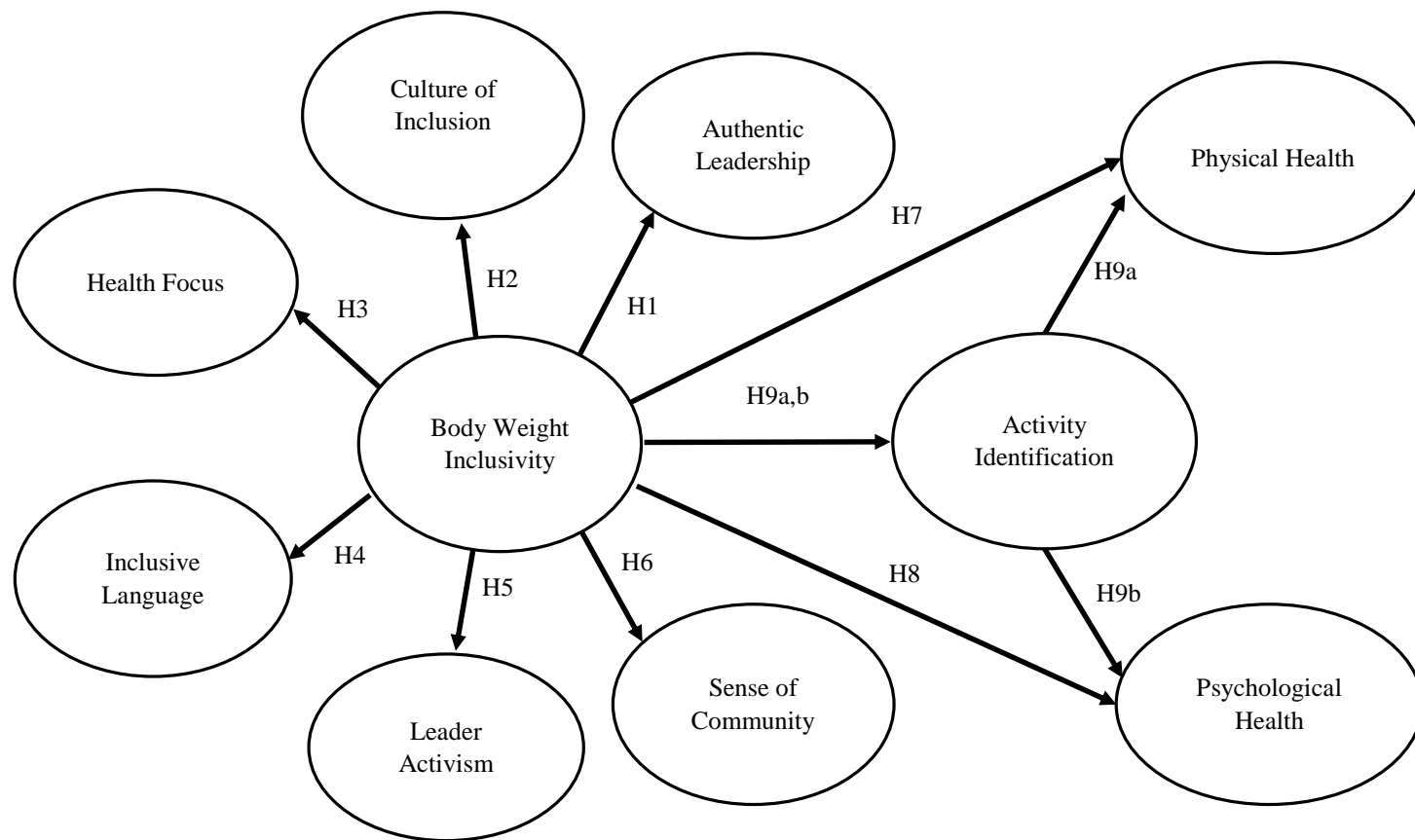
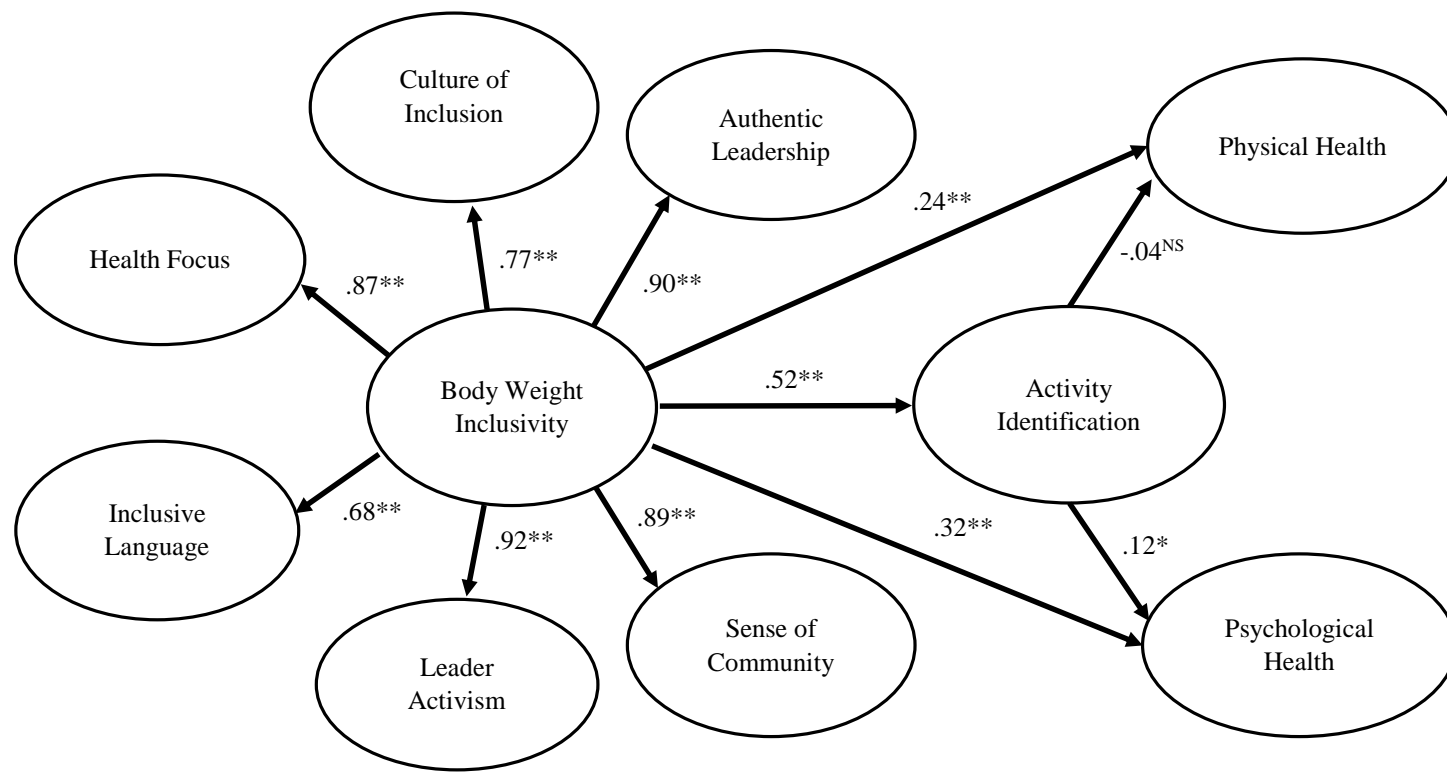


Figure 2. Hypothesized Model for Body Weight Inclusivity, Activity Identification, and Health



Note: ** $p < .001$, * $p < .05$; standardized weights presented

Figure 3. Structural Model Results

Table 1. General Themes, Codes, and Quotations from Study 2 Data

General Themes	First Order Codes	Representative Quotations
Stigma	Singling Out	“I’ve definitely experienced, over the last thirty years or so, when I walk into a new class, or gym, or fitness setting, that people will always assume that the fat lady is a beginner. That somehow I need to be extra encouraged or extra cautioned to take care of myself- like those things aren’t important to everyone.” -Kimberly
	Well-Meaning Comments	“I liked [places] that didn’t have a lot of cheerleading. It was never that ‘Go you! You’ll get the weight off! Great work!’ kind of thing.”- Amber
	Feelings of Isolation	“One thing I kind of noticed, was that I was the only woman of color and I was a little bigger than everyone else. So, of course, I steered towards the back of the class, hoping to basically dissolve into the floor.” –Shaely
Cultural Commitment to Inclusion (RQ1)	Celebrating Body Diversity	“Our bodies are different, and they’re different for a reason, and it’s good to celebrate that difference. I was so blessed in a school class that I recently taught, to have a girl with physical disabilities. We celebrated that she was different- I asked her to share some her favorite poses, and she was just as capable as anyone in the room. They may have looked different in her body, but we were able to make connections.” –Dianne
	Physical Presence of Fat	“People are more willing to try things when they see that I can do it. That’s the upside- is when people will move out of their comfort zones when they see that my body can do it and maybe theirs can too.” -Kimberly

Table 1. Continued

General Themes	First Order Codes	Representative Quotations
Cultural Commitment to Inclusion (RQ1) <i>Continued</i>	Standard Setting	“I have never seen cliques really in my space, and I think it’s because we set standards right off the bat. People here know how it is, whereas when I’ve gone elsewhere and I see that there are small cliques of super-thin people, it’s to the exclusion of people who are not.” –Dianne
Leadership Commitment to Inclusion (RQ2)	Authentic Leadership	“I think it’s about how I, or other teachers at the studio, interact with the students. We share our own stories, we check in with them if they haven’t been there in a while, we know what’s going on in their lives. All of that makes people feel seen and supported.” -Anna
	Foster Inclusion	“I think [inclusion] happens when a teacher is intentional about it. I’ve seen it at, for example, CrossFit- where there is a heavy influence on community. Or the opposite when you walk into a gym class and its silent, just waiting for the teacher to show up, with nobody to welcome you. That kind of thing only happens when the teacher is intentional about creating that kind of environment.” –Amber
	Being more than a Fitness Teacher	“I don’t have a sense of ‘What do I contribute as a fitness instructor?’- in terms of what kind of workout I can give people. I have a sense of what I contribute as a human being and as model of a person that brings a reasonable engagement with the body- in any condition. That is something really important.” -Kimberly

Table 1. Continued

General Themes	First Order Codes	Representative Quotations
Language (RQ4)	Hierarchies	“I’m now a whole lot more interested in disrupting the hierarchy of bodies. You know, the way that we think that some bodies are really worth more than others. That’s part of what I offer when I teach- the notion there’s not a wrong or less valuable way to have a body” –Kimberly
	Marketing Messages	“When I put out my marketing, I make sure that I’m on the forefront of all of it. There are pictures of me doing yoga and I choose to do poses that are accessible. I can do some of those acrobatic poses, but I don’t feature them because I want people to feel like this is accessible to them.” –Dianne
	“Full Expression of the Pose”	“I’ve absolutely gotten rid of the ‘full expression of the pose.’ I used to say that, but you could see people start to feel defeated when they couldn’t do something and morph into the cover model of <i>Yoga Journal</i> . Once you get in that head-space it’s hard to get out of it. Instead, I don’t say ‘full’, I tell people to get into ‘ <i>your</i> expression of the pose.’” –Dianne
	Non-Accusatory	“When you say things like, ‘if you need a block,’ - that assumes failure. More appropriately, let’s normalize the use of the block, show everybody the use of the block and then use language like, ‘let’s bring the floor up closer to us.’” –Elen
	Agency	“I offer suggestions and then let the student make their own adjustments, without necessarily touching them. Letting them see what things feel like in their own body, I think, puts the agency back into their hands, shows them that they have the power.” –Amber

Table 1. Continued

General Themes	First Order Codes	Representative Quotations
Language (RQ4) <i>Continued</i>	Removing Assumptions (about ability)	“It starts with the very first question which I like to ask- ‘Tell me about your experience with yoga.’ So, not making the assumption based on looks, or whatever, but giving people the space to say they’re new, or they aren’t.” –Anna
Sense of Community (RQ5)	Fostering Interaction	“The students will talk back and forth. Like one of my students, he’s a hairdresser and doing a fashion show at the local art park. We all have a conversation about it and people talk about it and the student’s sort of get to celebrate what’s going on in each other’s lives.” –Amber
	Social Spaces	“When you are consciously creating a space to be themselves and meet their needs, it makes space more for community too. Creating places and ways for people to connect with each other.”- Anna
	Permission to be authentic self	“I just encourage people to be in their space, on their mat, and to do what it is that feels good to them. I give people permission to be who they are- and I think that’s important because we don’t always get that in everyday life.”- Dianne
Advocacy	Feminism	“Feminist ideology allowed me to examine all of the media images around me, enforcing a one dimensional standard of beauty. It helped me realize that maybe there wasn’t something wrong with me, but with the ideology of the dominant culture. That was eye-opening for me and started me towards really resisting the, sort of, tyranny of the beauty standard.” –Melanie

Table 1. Continued

General Themes	First Order Codes	Representative Quotations
<p>Advocacy <i>Continued</i></p>	<p>Social Class</p>	<p>“I think one reason that it’s been successful is because I don’t charge very much money. People need it to be available to them and that’s one thing I can do. We don’t turn anyone away, we’ve started a scholarship fund that people donate to. Those things help bring people to a studio, people that may not be welcomed or comfortable in a lot of other places, because they can’t afford it or they feel like they don’t fit in or any number of things.” –Elen</p>
	<p>Activism</p>	<p>“If I’m given the opportunity to give historical context or to create equality, I’m sure as hell going to do it. I’m going to engage people however I can and my philosophy is, ‘I’m here to rock the boat as hard as I can,’ For those that want to create change, I want to speak to them in any way that they can identify.” –Dianne</p>
<p>Focus on Health</p>	<p>Fit vs. Fat, Fit and Fat</p>	<p>“I was still very active and fit, fat obviously, but that turned me off to places when they would treat me too delicately and assume that you can’t do anything” –Amber</p>
	<p>Health At Every Size (HAES)</p>	<p>“I definitely subscribe to Health At Every Size. Everyone’s health is individual and that’s another tie-in for me. People can figure out what is right for them, in terms of their food, their movement, and sort of, any other health forms that they need. So, I ask people to tune into their bodies and figure out what works for them.” -Anna</p>
<p>Focus on Health <i>Continued</i></p>	<p>Body Acceptance</p>	<p>“I’ve found that there are so many people, of every shape and size who are hungry for yoga classes that are body-affirming and that help people find what works for them. Bigger people aren’t the only ones that are told that their body isn’t good enough. So there is some shared experience there.” -Anna</p>

Table 2. Initial Body Weight Inclusivity Measures

Dimension	Items
<i>Authentic Leadership</i>	<ol style="list-style-type: none">1. Leaders truly care about individual participants.2. Share their own difficulties in physical activity as a way of connecting with participants.3. Leaders encourage open and honest relationships with participants.4. Leaders care about my feelings as a participant.
<i>Culture of Inclusion</i>	<ol style="list-style-type: none">5. Staff actively support individuals of all body types to participate.6. People of all body types are welcomed.7. Everyone is included at the facility, regardless of body size.8. Discrimination and judgment based on body type is not tolerated.
<i>Health Focus</i>	<ol style="list-style-type: none">9. Individuals are encouraged to be healthy.10. The focus is on healthy movement, not necessarily weight loss.11. Weight loss is not discussed as the primary goal of being active.12. Extreme dieting and weight loss/ pills/ programs are discouraged.
<i>Inclusive Language</i>	<ol style="list-style-type: none">13. Staff do not use demeaning words when discussing individuals' bodies.14. Staff do not refer to individuals as "overweight" or "underweight."15. Staff do not refer to body fat as inherently bad.16. Staff use positive language that celebrates each individual's body.
<i>Leader Activism</i>	<ol style="list-style-type: none">17. Leaders stand up for others.18. Leaders do not tolerate injustice.19. Leaders are proactive in including everyone to participate in PA.20. Leaders protect their members.

Table 2. Continued

Dimension	Items
<i>Sense of Community</i>	21. Individuals have a shared set of values. 22. I feel like I belong. 23. I have the opportunity to make friends who share a similar commitment to activity. 24. There are places for me to interact with others.

Table 3. Descriptive Statistics of Study 3

Name	M	SD	α	Correlations										
				1	2	3	4	5	6	7	8	9		
1. Authentic Leadership	4.67	.92	.88	-										
2. Culture of Inclusion	5.03	.86	.90	.64**	-									
3. Health Focus	4.83	.79	.72	.50**	.51**	-								
4. Inclusive Language	4.77	.98	.84	.53**	.63**	.58**	-							
5. Leader Activism	4.80	.85	.89	.71**	.65**	.61**	.57**	-						
6. Sense of Community	4.79	.77	.85	.70**	.57**	.52**	.47**	.72**	-					
7. Activity Identification	4.03	.99	.74	.30**	.25**	.16**	.19**	.30**	.36**	-				
8. Physical Health	2.77	.42	.94	.11**	.21**	.18**	.22**	.19**	.13**	.15**	-			
9. Psychological Health	3.17	.50	.85	.16**	.05	.02	-.01	.10**	.21**	.07	-.15**	-		

Note: ** $p < .001$, Physical Health items were anchored by 1 (*poor health*) to 3 (*good health*).